

Name  
in  
Full

Robert H. Anderson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

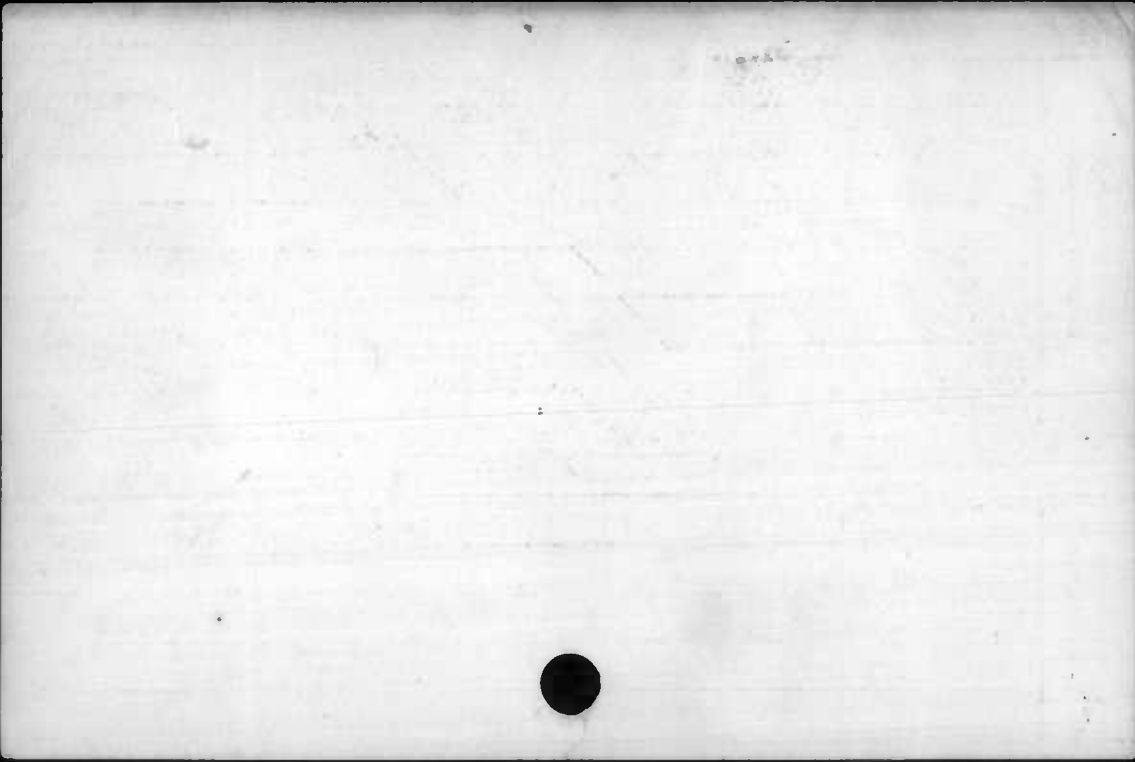
Died at		Town Drum		County Anne Arundel		MARYLAND	
Date of death		1909	Month March	Day 23	Age 15	Months	Days
Sex male		Color or Race colord		Birth- place Anne Arundel Co Md			
Occupation Farm laborer		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name George Anderson		Father's Birthplace unknown					
Mother's Maiden Name Rachel Randall		Mother's Birthplace unknown					
Name of person giving In formation Parrish Anderson		How related to deceased Brother					

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis	How long	4 months
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician W. M. Chancey, M.D.	
		Address Chancey, Md.	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

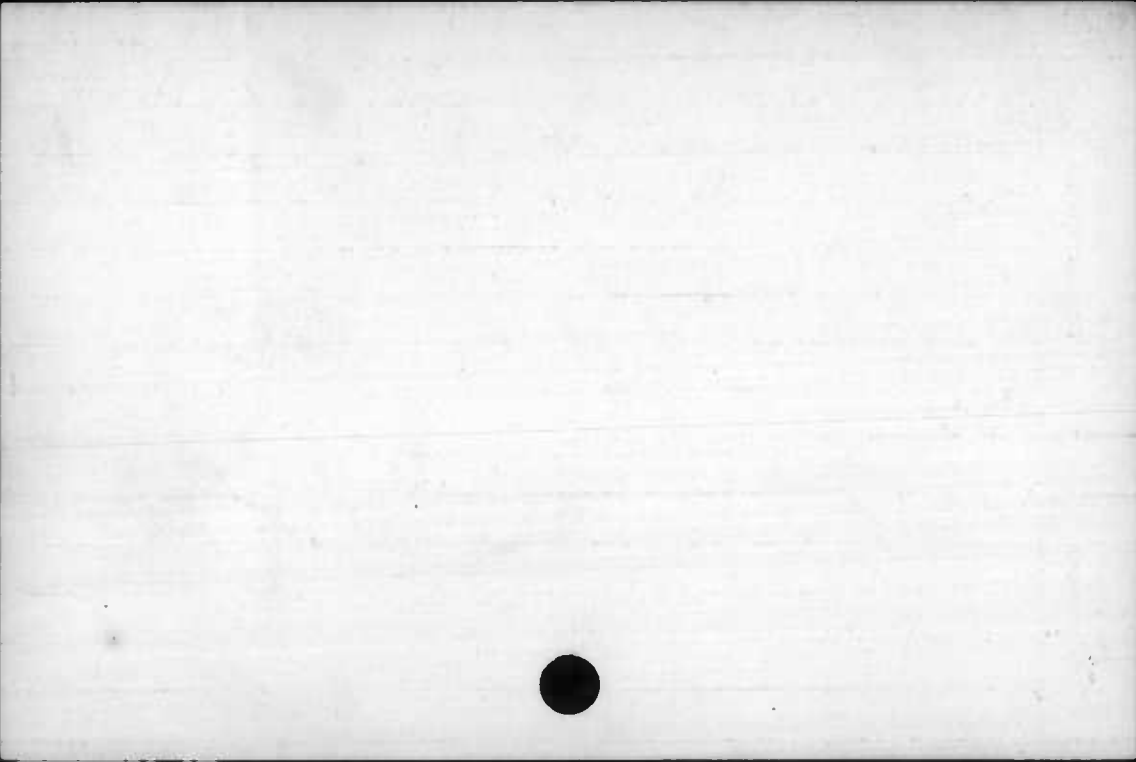
MARYLAND

Died at *Annapolis* TownCounty *U A*Date of death *1909* Month *Mar* Day *26*Age *32* YearsMonths *—*Days *8*Sex *Female*Color or  
Race *Colored*Birth-  
place *Ann of Dis Ind*Occupation *Labor*Where Residing if not  
at place of deathMarried, Single  
or Widowed *Single*Name of Wife or  
Husband *None*Father's  
Name *James Arthur*Father's  
Birthplace *A A Co Md*Mother's  
Maiden Name *Mary Jones*Mother's  
Birthplace *A A Co Md*Name of person giving  
In formation *James Brew*How related  
to deceased *Brother in law*

## CAUSES OF DEATH

**120**Primary *Chronic Nephritis*How long *Months*Immediate *Exhaustion*How long *Gradual*Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician *John Ridout*Address *Annapolis Md*

Accident or Suicide?



Name  
in  
Full

Eleanor F. Boone

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

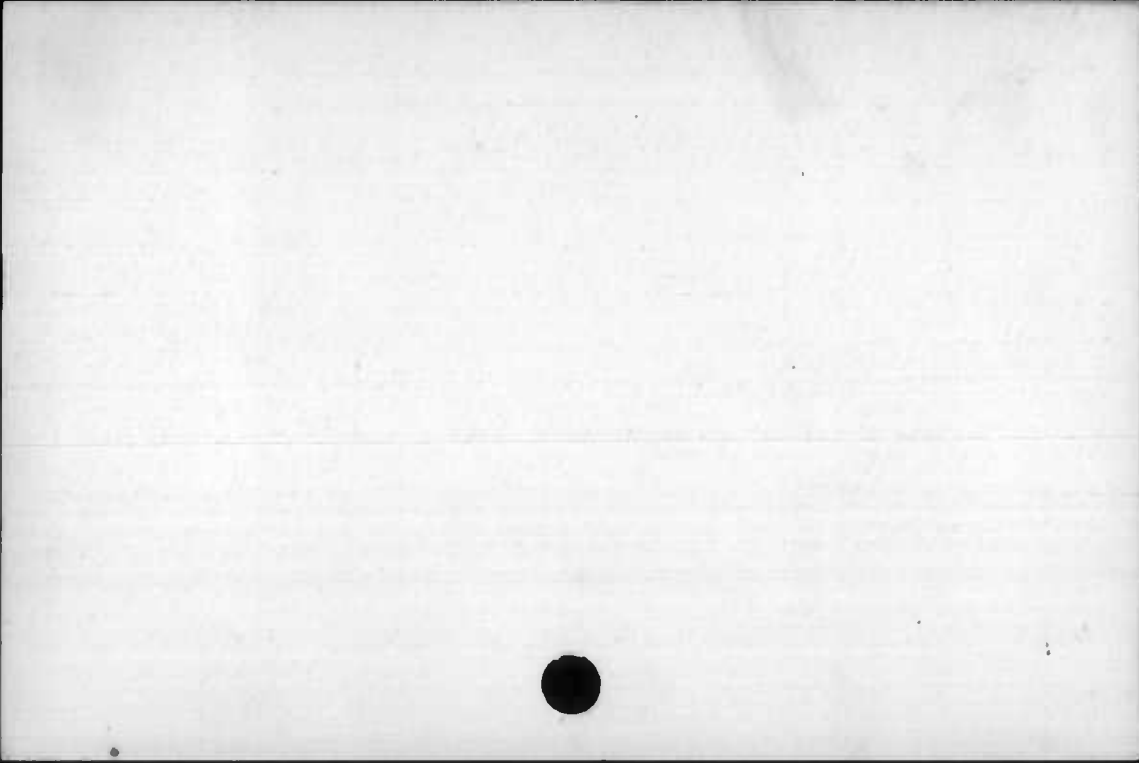
Died at <i>Robinson</i> Town			<i>Anne Arundel</i> County			MARYLAND		
Date of death <i>1907</i>		Month <i>March</i>		Day <i>7</i>	Years <i>77</i>	Months <i>-</i>	Days <i>-</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Anne Arundel Co.</i>				
Occupation <i>Housewife</i>				Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>						
Father's Name <i>Charles Boone</i>		Father's Birthplace <i>Anne Arundel Co.</i>						
Mother's Maiden Name <i>Elyzabeth Hancock</i>		Mother's Birthplace <i>Anne Arundel Co.</i>						
Name of person giving information <i>Henry Burke</i>		How related to deceased <i>Nephew</i>						

## CAUSES OF DEATH

64

PHYSICIAN  
OR  
CORONER

Primary <i>Arterio sclerosis</i>	How long <i>2 years</i>
Immediate <i>Hemorrhage in the Brain</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James S. Bellenger</i>
	Address <i>Armiger Md</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

Susan Griswilla Boswell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

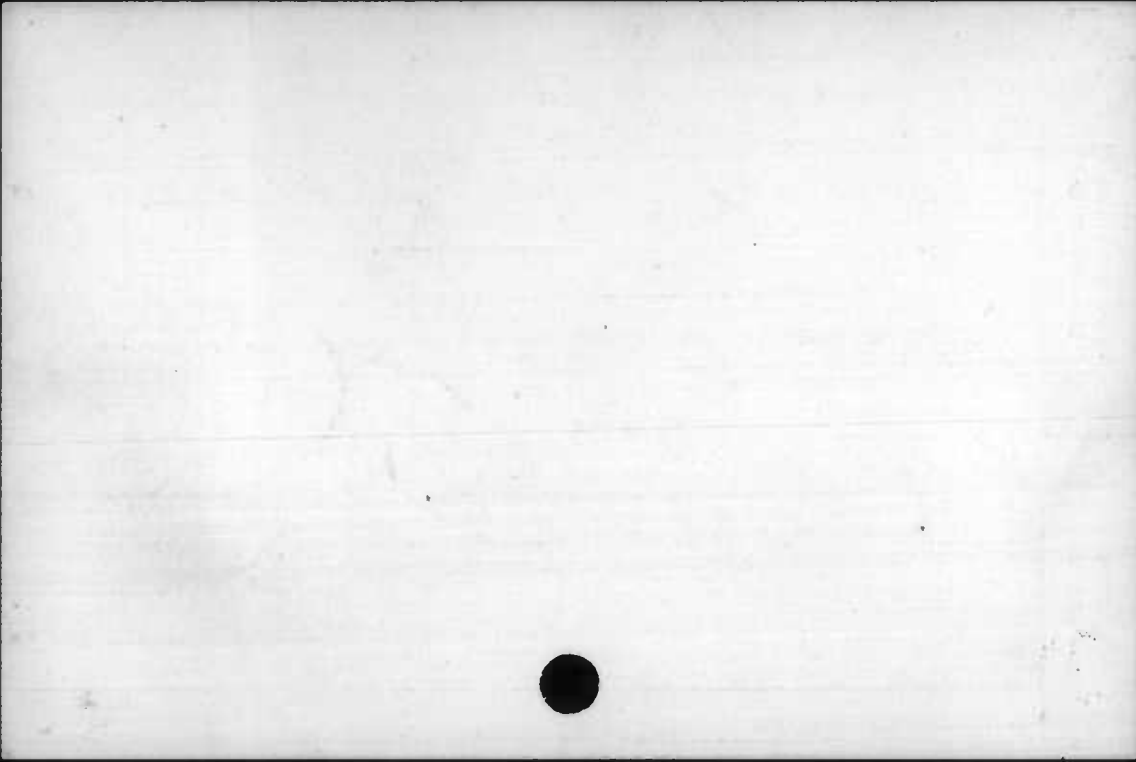
Died at <u>Annapolis</u> <sup>Town</sup>		<u>Anne Arundel</u> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	March	Day	26
Age	67	Years		Months	
Sex	Female	Color or Race	White	Birth-place	Calvert County
Occupation	Housework		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	William H. Boswell			Father's Birthplace	Pt Geo Ind
Mother's Maiden Name	Phoebe J. Boswell			Mother's Birthplace	Calvert Co Ind
Name of person giving information	W. J. Childs			How related to deceased	Bro in Law

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary	Acute Indigestion	How long	one hr
Immediate	Cardiac Paralysis	How long	5 min
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W. J. Childs
		Address	Annapolis
Accident or Suicide?	no		Ind





Name  
in  
Full

John Henry Branford

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Annapolis		A. A.		County		MARYLAND	
Date of death		1909	March	12	Age	—	Months	0.	Days
Sex		Male		Color or Race		Colored		Birth-place	
Occupation		unknown		Where Residing if not at place of death		African Row.			
Married, Single or Widowed		Single		Name of Wife or Husband		unknown			
Father's Name		John Brandford				Father's Birthplace		A. A. Co. dist. Md	
Mother's Maiden Name		Mary Johnson				Mother's Birthplace		A. A. Co. dist. Md	
Name of person giving information		Mary Brandford				How related to deceased		Mother	

## CAUSES OF DEATH

90

PHYSICIAN  
CORONER

Primary	Capillary Bronchitis	How long	Four days
Immediate	Athrocacia	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		John Ridout, M.D.	
		Address	
		Annapolis	
		Md.	
Accident or Suicide?			

A



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

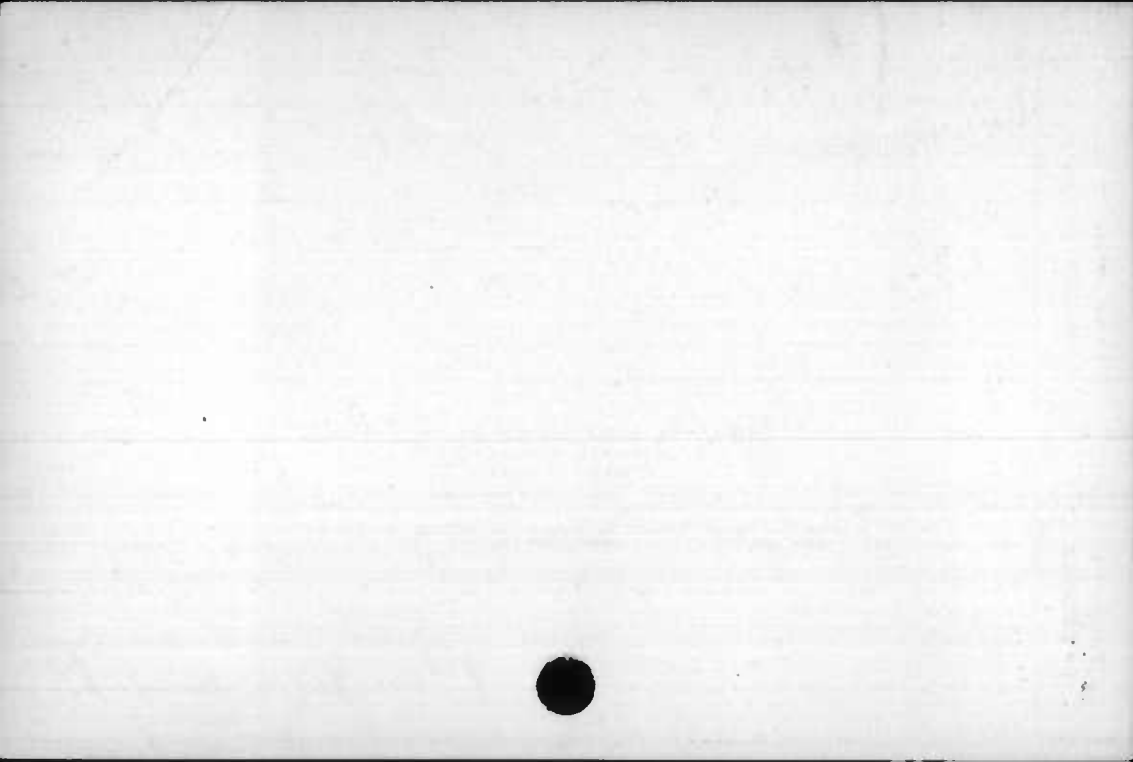
Name in Full <b>Joseph Brandford</b>		Town <b>Wellham</b>		County <b>Anne Arundel</b>		MARYLAND	
Died at							
Date of death		Month <b>9 March</b>	Day <b>13</b>	Years <b>56</b>	Months	Days	
Sex <b>Male</b>		Color or Race <b>Coloured</b>		Birth-place <b>Anne Arundel Co Md</b>			
Occupation <b>Farm hand</b>		Where Residing if not at place of death <b>Aud at his residence</b>					
Married, Single or Widower <b>Widower</b>		Name of Wife or Husband <b>Mary Eliza Brandford</b>					
Father's Name <b>Richard Brandford</b>		Father's Birthplace <b>A.A.C. Md</b>					
Mother's Maiden Name <b>Sarah Brandford</b>		Mother's Birthplace <b>A.A.C. Md</b>					
Name of person giving information <b>Mary Eliza Brandford</b>		How related to deceased <b>Wife</b>					

## CAUSES OF DEATH

(64)

- PHYSICIAN  
OR CORONER

Primary	<b>Bright's Disease</b>	How long	<b>6 months</b>
Immediate	<b>Apoplexy &amp; Coma</b>	How long	<b>2 days</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>C. R. Winterison</b>	
		Address <b>Hanover Maryland</b>	
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Benjaminie Brown</i>		Town <i>Annapolis</i> County <i>4.A</i>		MARYLAND	
Date of death	190 <i>9</i>	Month <i>March</i>	Day <i>13</i>	Age <i>70</i>	Years <i>70</i> Months <i>0</i> Days <i>0</i>
Sex <i>male</i>	Color or Race <i>Colored</i>		Birth-place <i>C. G. Co.</i>		
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>C. G. Co.</i>				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>unknown</i>				
Father's Name <i>unknown</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>unknown</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>unknown</i>	How related to deceased <i>Ind</i>				

CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <i>Natural Cause</i>	How long <i>about 4 days</i>
Immediate <i>Pneumonia</i>	How long <i>about 4 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>no Physician</i>
	Address <i>412 B. N. Lee J. P.</i>
Accident or Suicide? <i>Accidental</i>	Coroner <i>Coroner</i>

Jewellers. Chapel

Name  
in  
Full

Margaret A Brown

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Annapolis<sup>County</sup> A A

Date of death 1909 Mar 24

Month Day

Age 60

Years Months

Days

Sex Female

Color or Race Colored

Birth-place Md

Occupation House Wife

Where Residing if not at place of death

Married, Single or Widowed Married

Name of Wife or Husband John Brown

Father's Name Unknown

Father's Birthplace Unknown

Mother's Maiden Name Mary Brown

Mother's Birthplace A A Co

Name of person giving information John Brown

How related to deceased Husband

## CAUSES OF DEATH

79

Primary Fatly Degeneration of Heart

How long Six hours

Immediate Heart Failure

How long Immediate

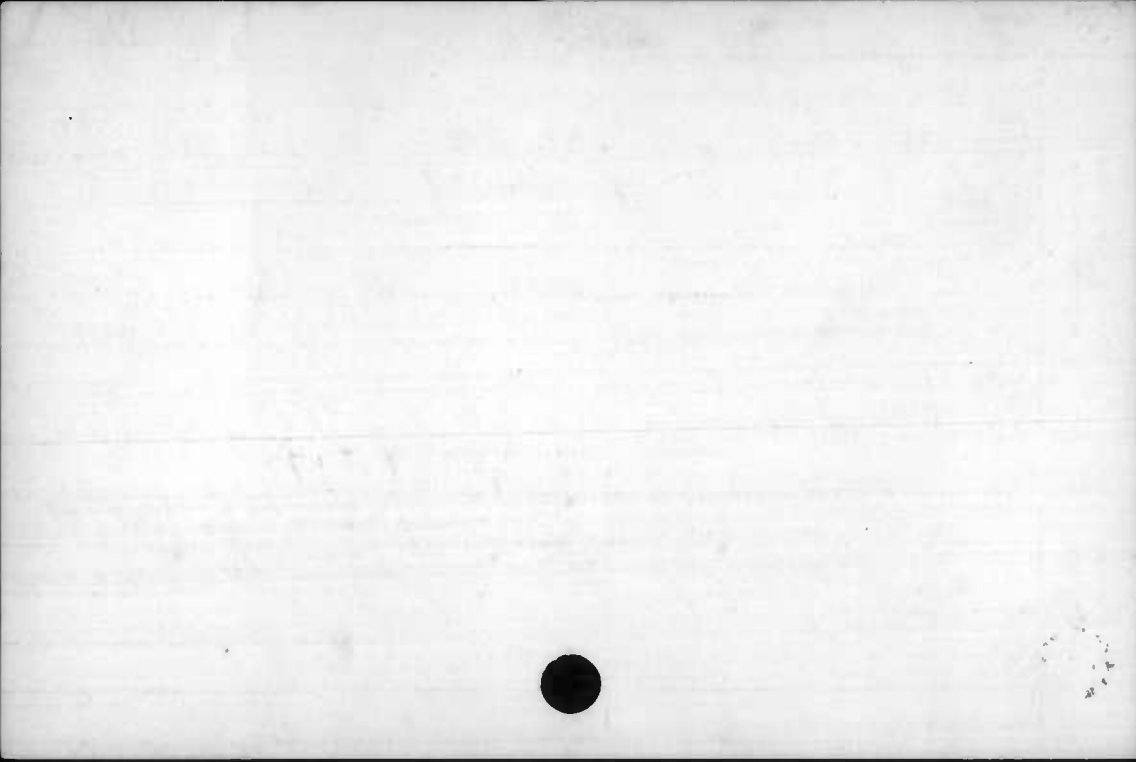
Are the name, age, sex, color, date and place correctly given above? yls

Signature of Physician Ambrose Garcia M.D.

Address 12 Colley St

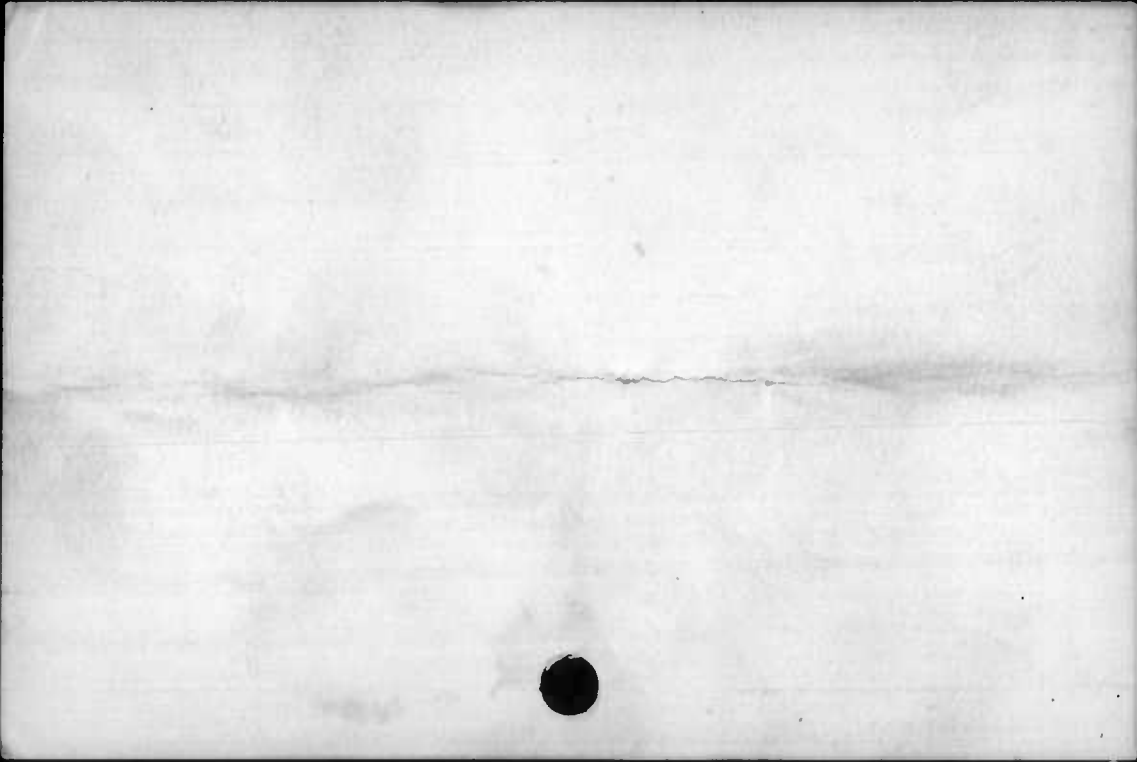
Accident or Suicide? —

Annapolis Md





Name in Full <b>ella Butler</b>		Town <b>amg. Ohio</b>		County <b>a. a. CO</b>		CERTIFICATE OF DEATH			
Died at		Date of death		Age		Months		Days	
1909		March 14		38 yrs		3 mo		8 day	
Sex <b>female</b>		Color or Race <b>Colored</b>		Birth-place <b>2nd district ind</b>					
Occupation <b>cook</b>		Where Residing if not at place of death <b>77 day st</b>							
Married, Single or Widowed <b>married</b>		Name of Wife or Husband <b>John Butler</b>							
Father's Name <b>Charles Johnson</b>		Father's Birthplace <b>Prize, Tenn</b>							
Mother's Maiden Name <b>Matilda Henderson</b>		Mother's Birthplace <b>2nd district ind</b>							
Name of person giving information <b>Charita Greaves</b>		How related to deceased <b>Sister</b>							
TO BE ANSWERED BY NEAREST FRIEND		CAUSES OF DEATH		<b>119</b>					
Primary		Nephritis		How long		<b>6 weeks</b>			
Immediate		Cardiac Failure		How long		<b>one hour</b>			
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>R. P. Kelley</b>		Address <b>68 Cathedral</b>					
Accident or Suicide? <b>no</b>				Annexation					



Name  
in  
Full

## CERTIFICATE OF DEATH

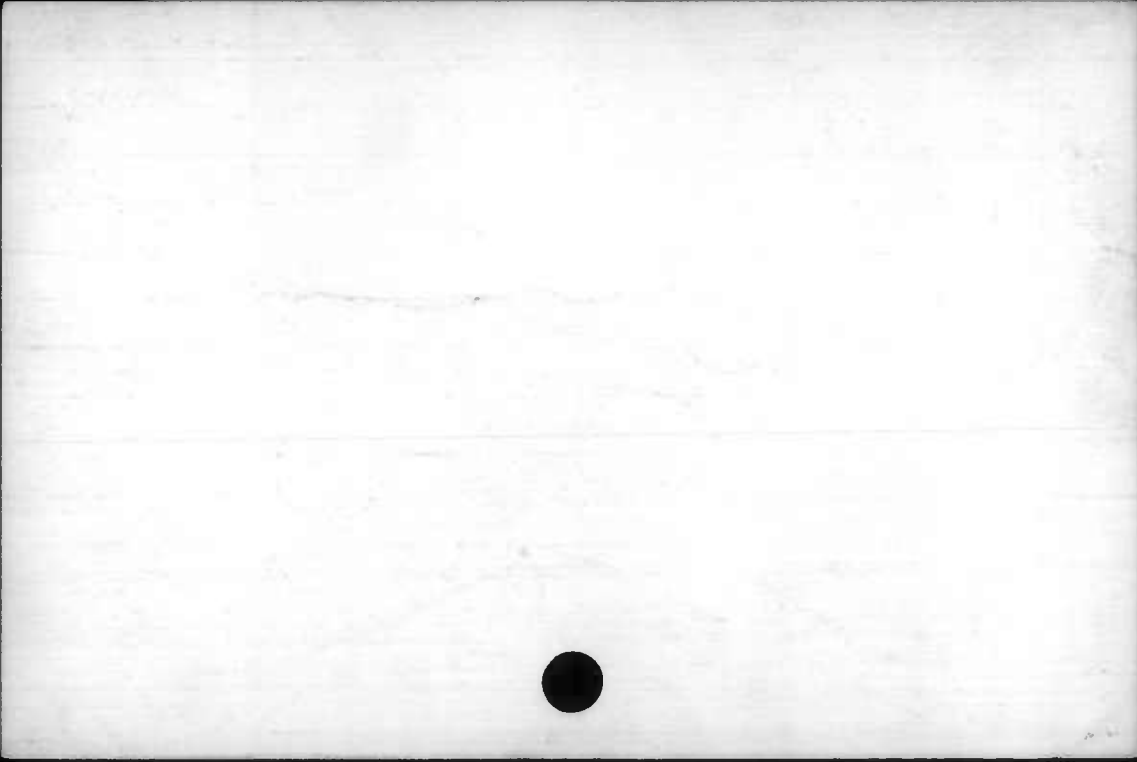
TO BE ANSWERED BY  
NEAREST FRIEND

Town <i>Annapolis</i>		County <i>aa</i>		MARYLAND	
Died at		Date of death		Age	
Month <i>March</i>		Day <i>17<sup>th</sup></i>		Years <i>_____</i>	
Sex <i>Male</i>		Color or Race <i>col.</i>		Birth-place <i>Annapolis</i>	
Occupation <i>None</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>			
Father's Name <i>Herbert Cooper</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Alice Smith</i>		Mother's Birthplace <i>Md</i>			
Name of person giving Information <i>Herbert Cooper</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Still-born</i>	How long	<i>8</i>
Immediate		How long	
Are the name, age, sex, color, data and place correctly given above?	<i>yes</i>	Signature of Physician	<i>John Ridout MD</i>
		Address	<i>Annapolis Md</i>
Accident or Suicide			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

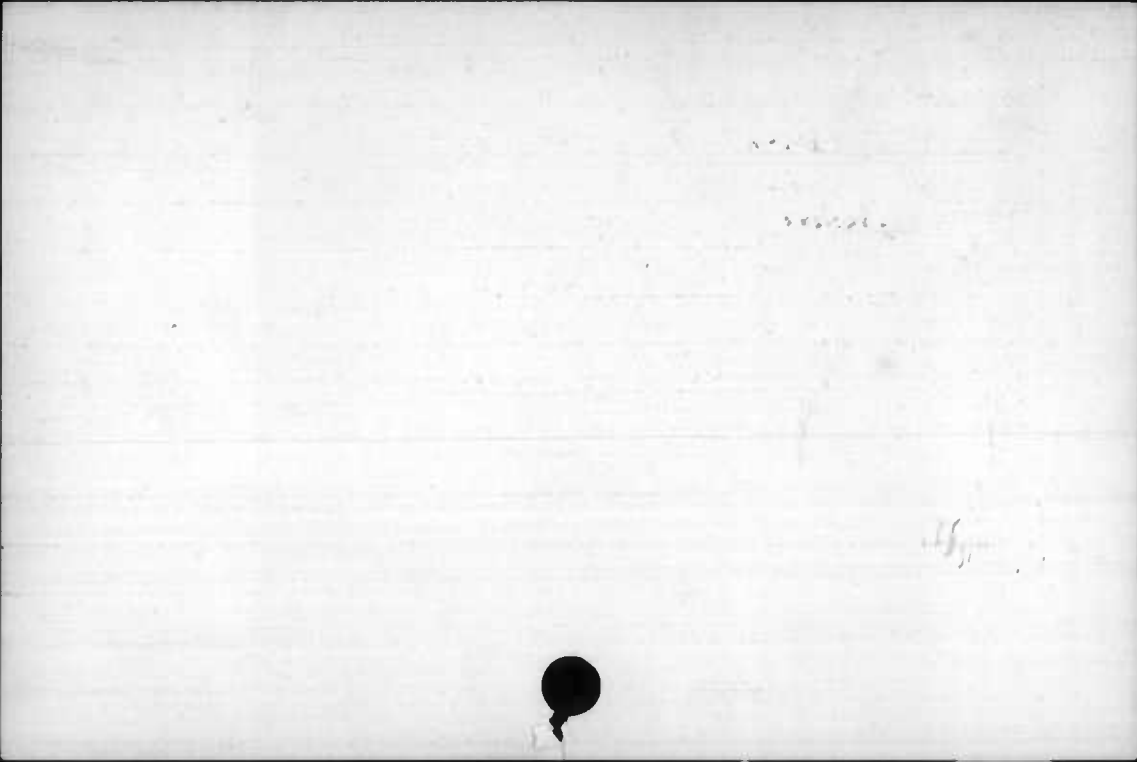
Name <i>John Brandell</i>				County <i>Anne Arundel</i>				TOWN <i>Sudley</i>				MARYLAND			
Date of death		1909		Month <i>3rd</i>		Day <i>7</i>		Age <i>56</i>		Years <i>6</i>		Months <i>22</i>		Days	
Sex <i>Male</i>				Color or Race <i>White</i>				Birth-place <i>Sudley</i>							
Occupation <i>Farmer</i>								Where Residing if not at place of death							
Married, Single or Widowed <i>Married</i>				Name of Wife or Husband <i>Susan Brandell</i>											
Father's Name <i>John Brandell</i>								Father's Birthplace <i>A.A. Co.</i>							
Mother's Maiden Name <i>Sarah Phipps</i>								Mother's Birthplace <i>A.A. Co.</i>							
Name of person giving information <i>Albert Glover</i>								How related to deceased <i>Nephew</i>							

## CAUSES OF DEATH

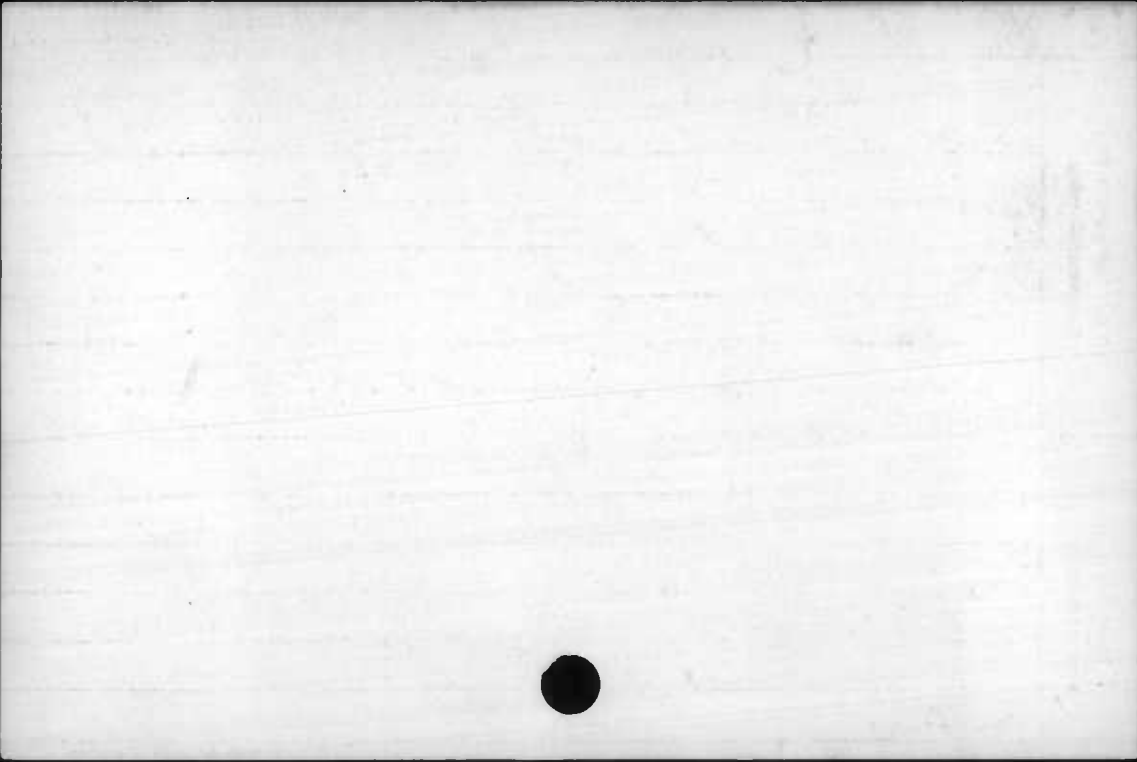
120

PHYSICIAN  
OR CORONER

Primary <i>Chronic Parenchymatous Nephritis, Unknown</i>		How long	
Immediate <i>Pulmonary Edema</i>		How long <i>48 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. R. W. Wilson</i>	
		Address <i>Churchton A.A. Co Md</i>	
Accident or Suicide?			



Name in Full		Baby Dorsey				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at	Annapolis		County		MARYLAND				
	Date of death	1909	Month	March	Day	23	Age	Years	Months	Days
	Sex	Female		Color or Race		Colored		Birth-place		
	Occupation	None		Where Residing if not at place of death		Annapolis				
	Married, Single or Widowed	Single		Name of Wife or Husband		None				
	Father's Name	Henry H Dorsey					Father's Birthplace		Md	
	Mother's Maiden Name	Susan Richardson					Mother's Birthplace		Md	
Name of person giving information	Susan Dorsey					How related to deceased		Mother		
<div style="text-align: center;">CAUSES OF DEATH</div>										
PHYSICIAN OR CORONER	Primary	Still-born					How long		(8)	
	Immediate						How long			
	Are the name, age, sex, color, date and place correctly given above?	yes					Signature of Physician		John Ridout	
	Accident or Suicide?						Address		Annapolis Md	





Name  
In  
Full

Eligah Dorsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

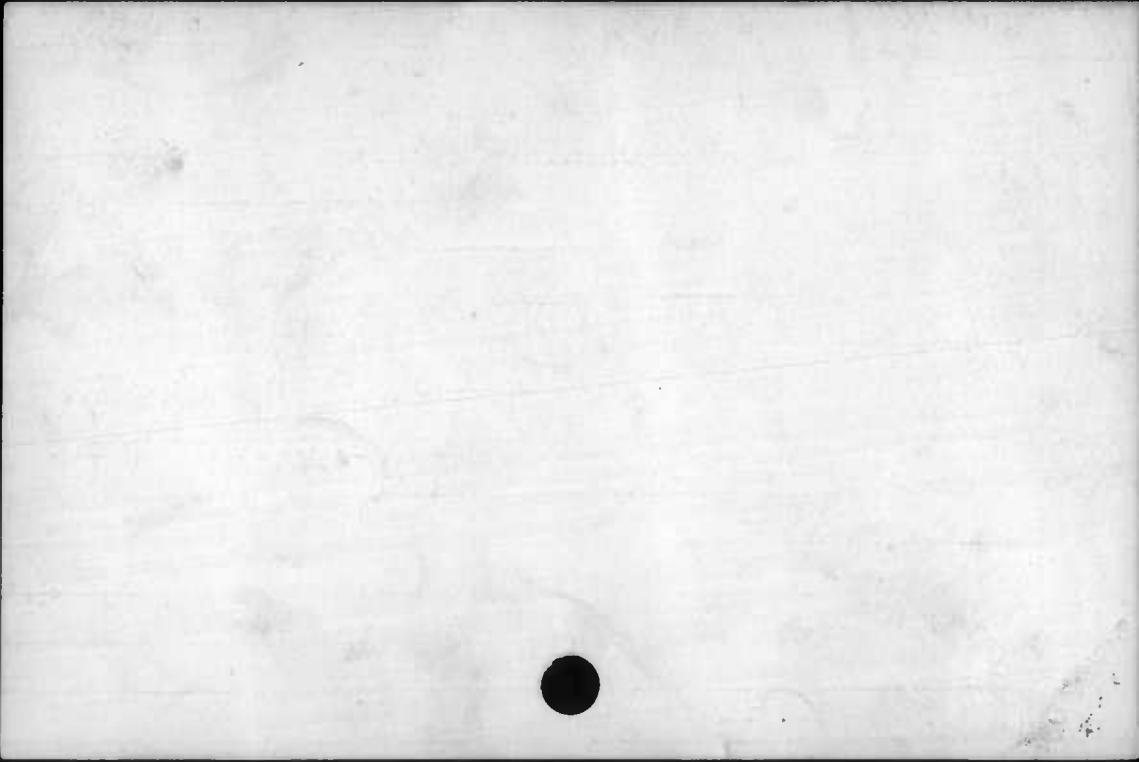
Died at		Town		County		STATE AND	
Date of death		Month	Day	Age	Years	Months	Days
1909		March	1st	40	Years	5	Months
Sex	Male	Color or Race	Colored	Birth place	Sumner, S.C.		
Occupation	Returned Soldier			Where Residing if not at place of death	116 South St.		
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	William Dorsey				Father's Birthplace	Md.	
Mother's Maiden Name	Virginia W. E. Dorsey				Mother's Birthplace	Md.	
Name of person giving information	Julia Thonchey				How related to deceased	Sister	

CAUSES OF DEATH

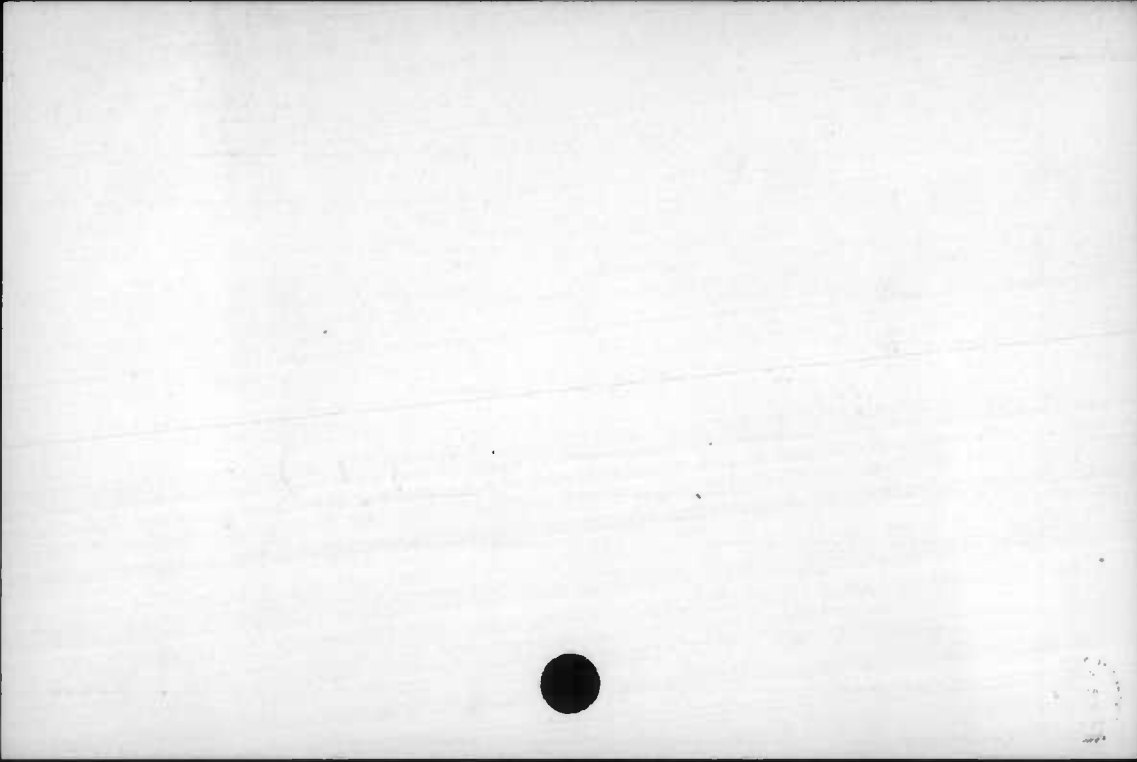
119

PHYSICIAN  
OR CORONER

Primary	nephritis	How long	30 days
Immediate	carditis	How long	10 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		R. P. Kueh.	
Address		612 Chestnut St.	
Accident or Suicide?		No	



Name in Full		John Dworakowski				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>So. Balt<sup>n</sup></i>		<i>A. A.</i>		MARYLAND							
		Date of death	1909	Month	Mar	Day	18	Age	Years	Months	7	Days	—
		Sex	Male		Color or Race	white		Birth-place	Md.				
		Occupation	—				Where Residing if not at place of death				—		
		Married, Single or Widowed	—		Name of Wife or Husband		—						
Father's Name		John Dworakowski						Father's Birthplace		Austria			
Mother's Maiden Name		Sophia Czajewski						Mother's Birthplace		Austria			
Name of person giving information		John Dworakowski						How related to deceased		Father			
		CAUSES OF DEATH						(93)					
PHYSICIAN OR CORONER		Primary		Pneumonia				How long		One week			
		Immediate						How long					
		Are the name, age, sex, color, date and place correctly given above?		yes				Signature of Physician		J. B. Horton M.D.			
								Address		So. Balt <sup>n</sup> , Md.			
<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 10px;">1</div> Accident or Suicide?													



Name  
in  
Full

Annie Griffin

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

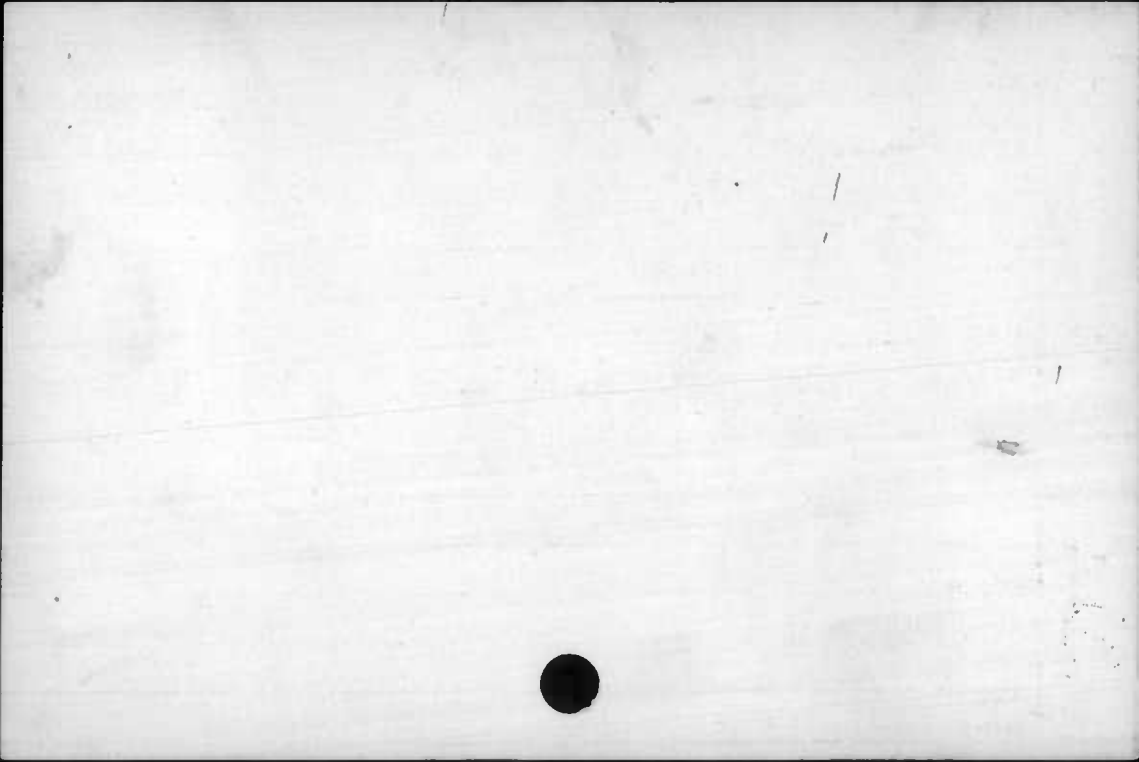
Died at <u>East Port</u> <small>Town</small>		<u>At Co.</u> <small>County</small>		MARYLAND	
Date of death <u>1909</u>	<u>March</u> <small>Month</small>	<u>3rd</u> <small>Day</small>	<u>52</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>col.</u>		Birth-place <u>At Co. Md.</u>		
Occupation <u>book</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Solomon Griffin</u>				
Father's Name <u>Unknown</u>			Father's Birthplace <u>At Co. Md.</u>		
Mother's Maiden Name <u>Jane Freeland</u>			Mother's Birthplace <u>At Co. Md.</u>		
Name of person giving information <u>Lania Griffin</u>			How related to deceased <u>Daughter</u>		

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER  
1

Primary <u>Acute Indigestion</u>	How long <u>Sudden</u>
Immediate <u>Heart Failure</u>	How long <u>Death.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>John Ridout, M.D.</u>
	Address <u>Annapolis Md.</u>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

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NEAREST FRIEND

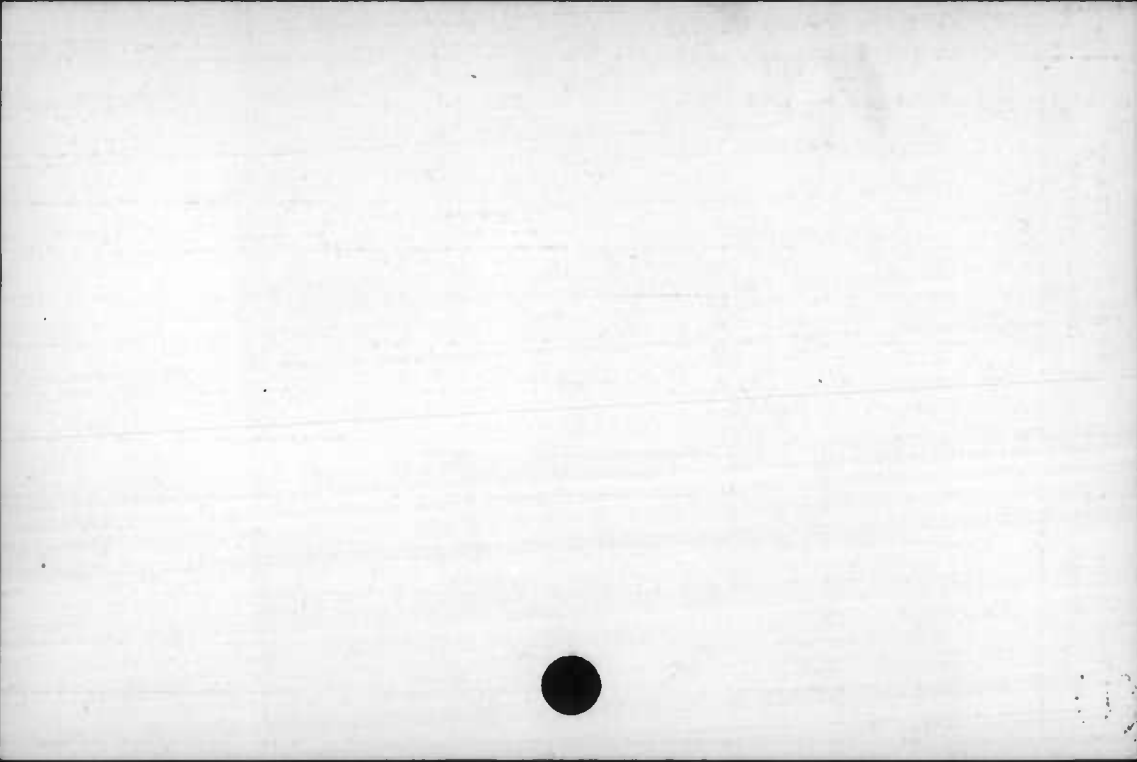
Died at <i>Sally Side</i> Town		<i>Ala</i> County		MARYLAND	
Date of death	<i>1909</i>	Month <i>Mar</i>	Day <i>23</i>	Age <i>3</i>	Years <i>3</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Ind</i>		
Occupation <i>none</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Peter Gross</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Annie Holland</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Peter Gross</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

90

Primary	<i>Capillary Bronchitis</i>	How long	<i>One day</i>
Immediate	<i>Capillary Bronchitis</i>	How long	<i>One day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>E. J. Smith</i>	
		Address <i>Chickston</i>	
Accident or Suicide?			

PHYSICIAN  
OR CORONER





Name  
in  
Full

Thomas

Gross

## CERTIFICATE OF DEATH

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NEAREST FRIEND

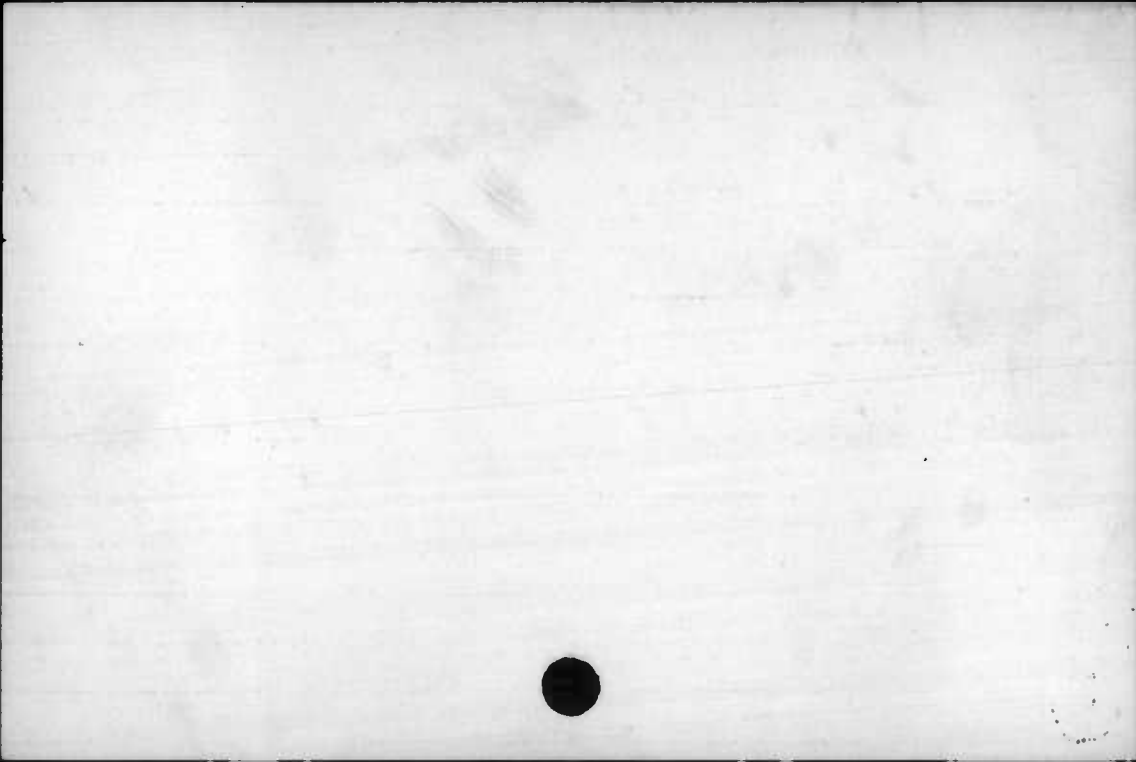
Died at <i>Annapolis md</i>		County <i>a a co</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>March</i>	Day <i>12</i>	Age <i>6 yrs</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>colored</i>		Birth-place <i>Eastern Md</i>		
Occupation <i>Govt</i>	Where Residing if not at place of death <i>45 Washington St</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Alice Gross</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Alice Gross</i>	How related to deceased <i>Wife</i>				

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary <i>Cerebral Apoplexy</i>	How long <i>5 days</i>
Immediate <i>Convulsions</i>	How long <i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. P. Kelle</i>
<i>no</i>	Address <i>60 Cathedral</i>
Accident or Suicide? <i>no</i>	<i>Annapolis Md</i>



Name  
in  
Full

Edward Lloyd Hall

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Annapolis		<sup>County</sup> a-a-		MARYLAND	
Date of death	1909	Month	March	Day	10
Age	20	Years		Months	—
Sex	Male	Color or Race	Colored	Birth-place	West River Md
Occupation	Laborer		Where Residing if not at place of death		
Married, Single or Widowed	Married		Name of Wife or Husband Sadie Peters		
Father's Name	Edgar Hall		Father's Birthplace	A.A. Co Md	
Mother's Maiden Name	Rachel Taylor		Mother's Birthplace	A.A. Co Md	
Name of person giving information	Rachel Hall		How related to deceased	Mother	

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary	Influenza. Pneumonia	How long	Three weeks
Immediate	Exhaustion	How long	Gradual
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	John Ridout, M.D.
		Address	Annapolis Md
Accident or Suicide?			



Name  
in  
Full

William Hall

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

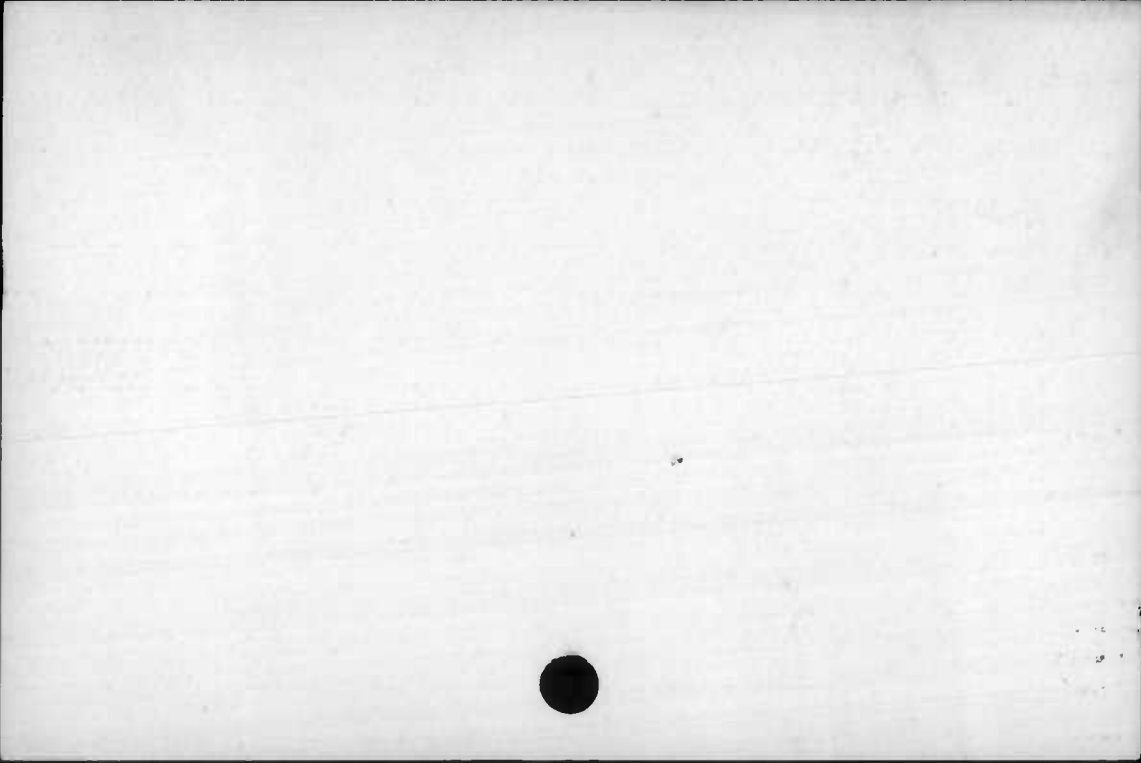
Died at <i>Robinson</i> Town			<i>Anne Arundel</i> County			MARYLAND		
Date of death	<i>1909</i>	Month <i>March</i>	Day <i>22</i>	Age	Years	Months <i>5</i>	Days <i>22</i>	
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Anne Arundel Co.</i>					
Occupation _____				Where Residing if not at place of death _____				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____						
Father's Name <i>Ely Hall</i>		Father's Birthplace <i>Anne Arundel Co.</i>						
Mother's Maiden Name <i>Ofelia Green</i>		Mother's Birthplace <i>Anne Arundel Co.</i>						
Name of person giving information <i>Ofelia Green Hall -</i>		How related to deceased <i>Mother</i>						

## CAUSES OF DEATH

92

PHYSICIAN  
OR  
CORONER

Primary	How long
Immediate <i>Broncho - pneumonia</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James S. Bellinger M.D.</i>
	Address <i>Sub. registered 8 4 dent.</i>
Accident or Suicide? <i>No</i>	<i>A.G. Co. Md.</i>



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

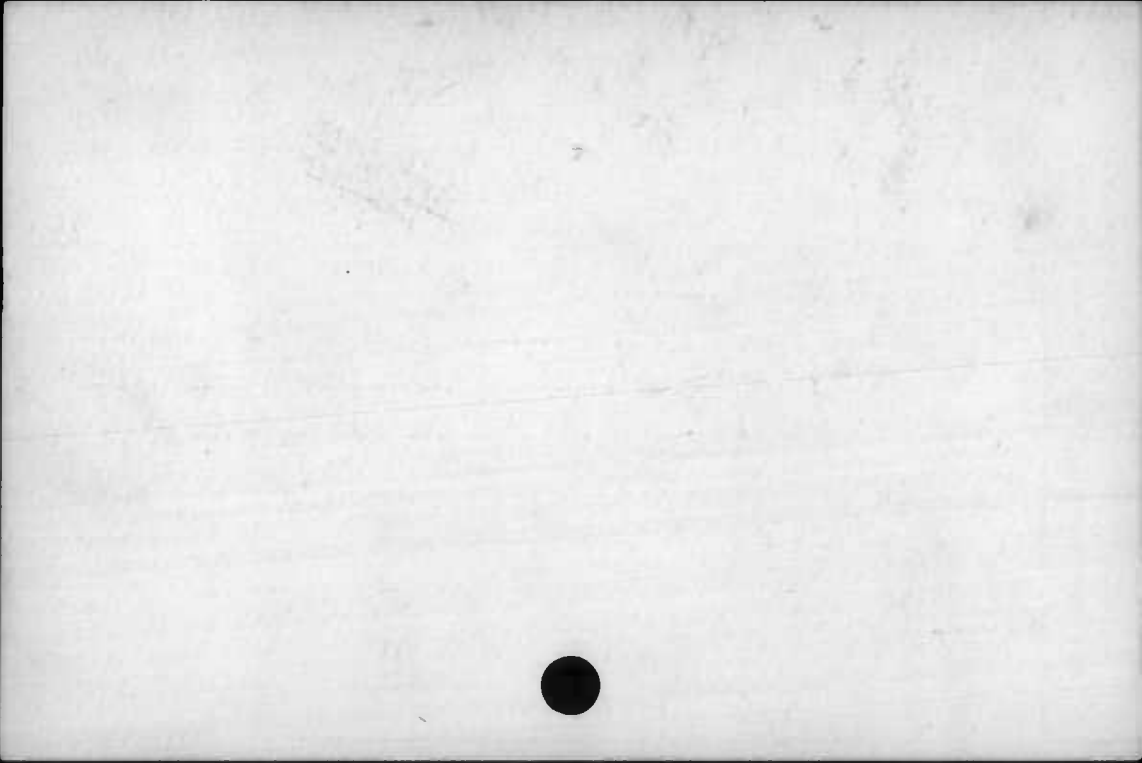
Died at <i>Frederick</i> Town - <i>Anne Arundel</i> County		MARYLAND	
Date of death <i>1909</i>	Month <i>Mar</i>	Day <i>25</i>	Age <i>27</i> Years
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Unknown</i>	Months <i></i> Days <i></i>
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>at place of death</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Unknown</i>		
Father's Name <i>Unknown</i>	Father's Birthplace <i></i>		
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i></i>		
Name of person giving information <i>J. H. Dyer</i>	How related to deceased <i>Not at all</i>		

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>2 mo</i>
Immediate <i>Tuberculosis</i>	How long <i>3 mo</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Dyer</i>
<i>No</i>	Address <i>Land Md</i>
Accident or Suicide? <i>No</i>	





# CERTIFICATE OF DEATH

**TO BE ANSWERED BY  
NEAREST FRIEND**

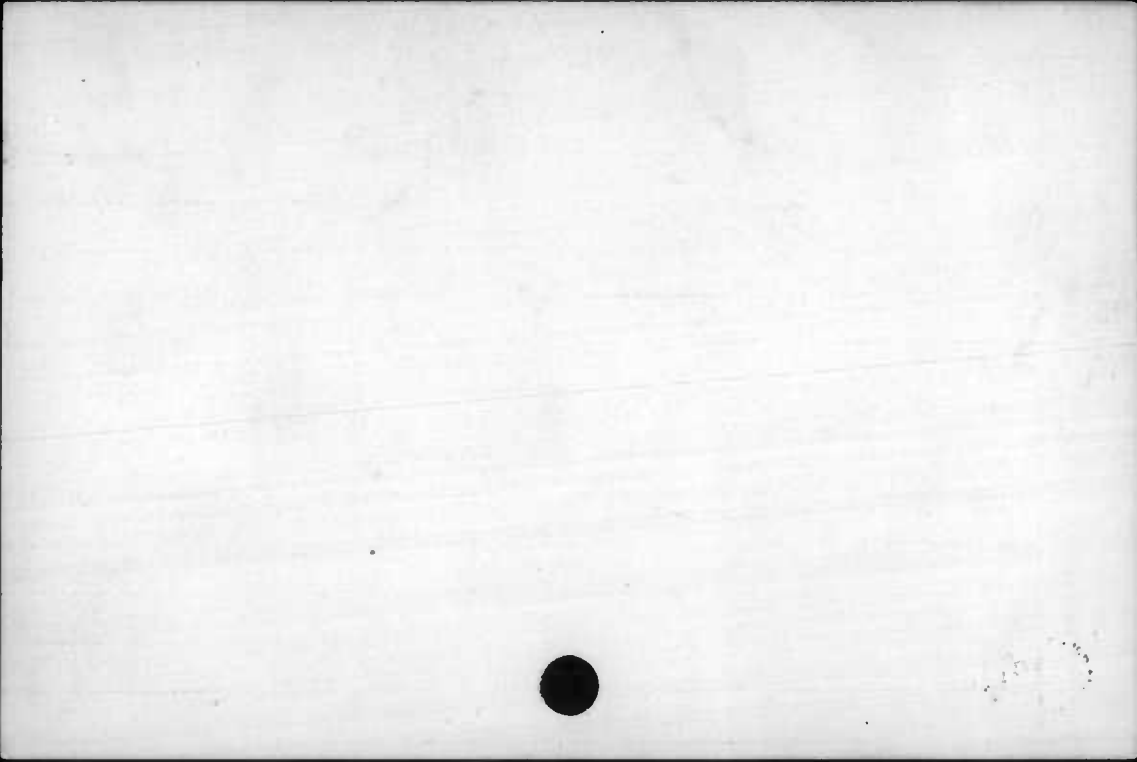
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		May	25	32			
Sex		Color or Race		Birth-place			
Male		White		Phil. ex.			
Occupation				Where Residing If not at place of death			
Laborer				—			
Married, Single or Widowed		Name of Wife or Husband					
Single		Widow					
Father's Name				Father's Birthplace			
W. J. Turner				Kentucky			
Mother's Maiden Name				Mother's Birthplace			
L. M. Turner				Kentucky			
Name of person giving information				How related to deceased			
J. M. Turner				Nephew			

### CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<u>Submucosa</u>		How long	2 mo
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	ye	Signature of Physician	Th. Stanley	
		Address	Reverend	
Accident or Suicide?	no		mo	



Name  
in  
Full

Alexander Campbell Haverstick

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St Margarets</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	Month <i>March</i>	Day <i>13</i>	Years <i>58</i>	Months <i>6</i>	Days <i>29</i>
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Philadelphia</i>		
Occupation <i>clergyman</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Yes</i>		Name of Wife or Husband <i>Bettie Cokey Haverstick</i>			
Father's Name <i>John Singer Haverstick</i>			Father's Birthplace <i>Lancaster Pa</i>		
Mother's Maiden Name <i>Mrs Mary Ellen Haverstick</i>			Mother's Birthplace <i>" "</i>		
Name of person giving Information <i>Sniff Haverstick</i>			How related to deceased <i>son</i>		

## CAUSES OF DEATH

Primary

*Typhoid Fever*

How long

*10 Weeks*

Immediate

*Cardiac Failure*

How long

Are the name, age, sex, color, data and place correctly given above?

*yes*

Signature of Physician

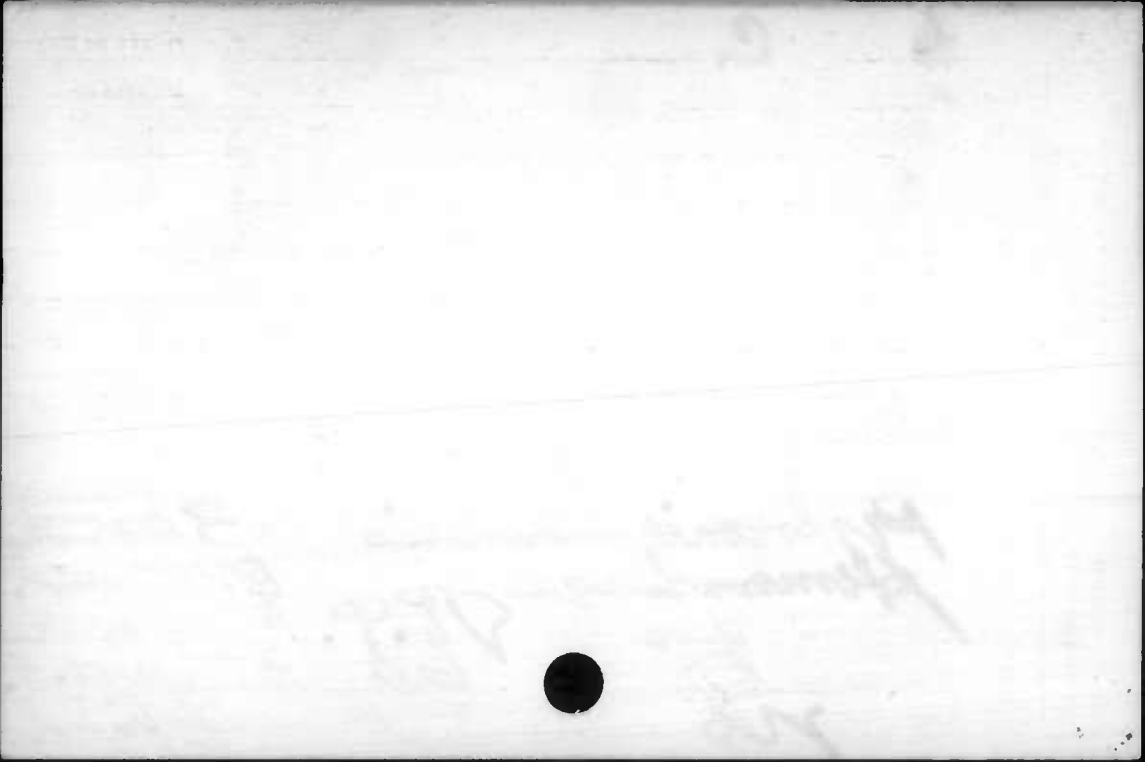
*Walton Hopkins M.D.*

Address

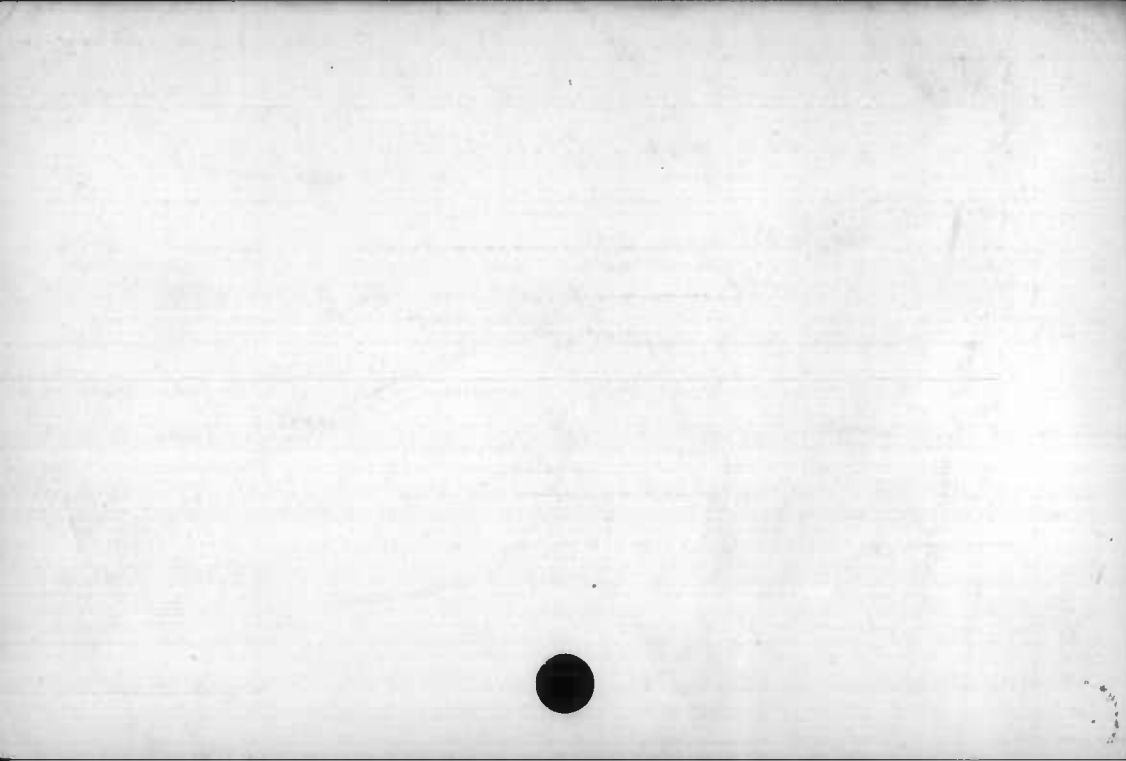
*Annapolis Md*

Accident or Suicide

PHYSICIAN  
OR CORONER







Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

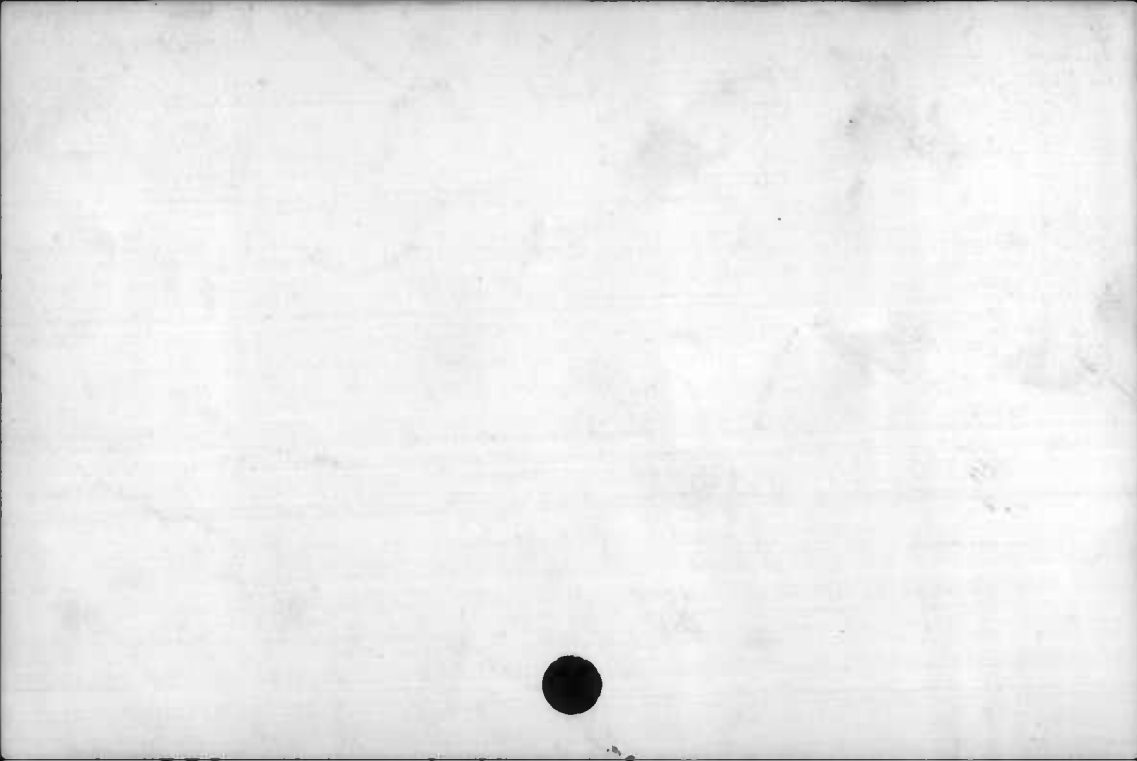
Died at <i>Annapolis</i> <sup>Town</sup>		<i>A. A.</i> <sup>County</sup>		MARYLAND	
Date of death <i>1909 March</i> <sup>Month</sup>		<i>12</i> <sup>Day</sup>	Age <i>—</i> <sup>Years</sup>	<i>11</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Annapolis</i>		
Occupation <i>unknown</i>		Where Residing if not at place of death <i>16 Oregon alley</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>unknown</i>		<i>(not on)</i>		
Father's Name <i>Charles Johnson</i>			Father's Birthplace <i>Annapolis</i>		
Mother's Maiden Name <i>Harriet Green</i>			Mother's Birthplace <i>Annapolis</i>		
Name of person giving information <i>Harriet Johnson</i>			How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

90

PHYSICIAN  
OR CORONER

Primary <i>Bronchitis</i>	How long <i>2 weeks</i>
Immediate <i>Cyanoosis</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>P. P. Kelle</i>
	Address <i>Annapolis</i>
Accident or Suicide?	<i>6000 Maryland St</i>





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

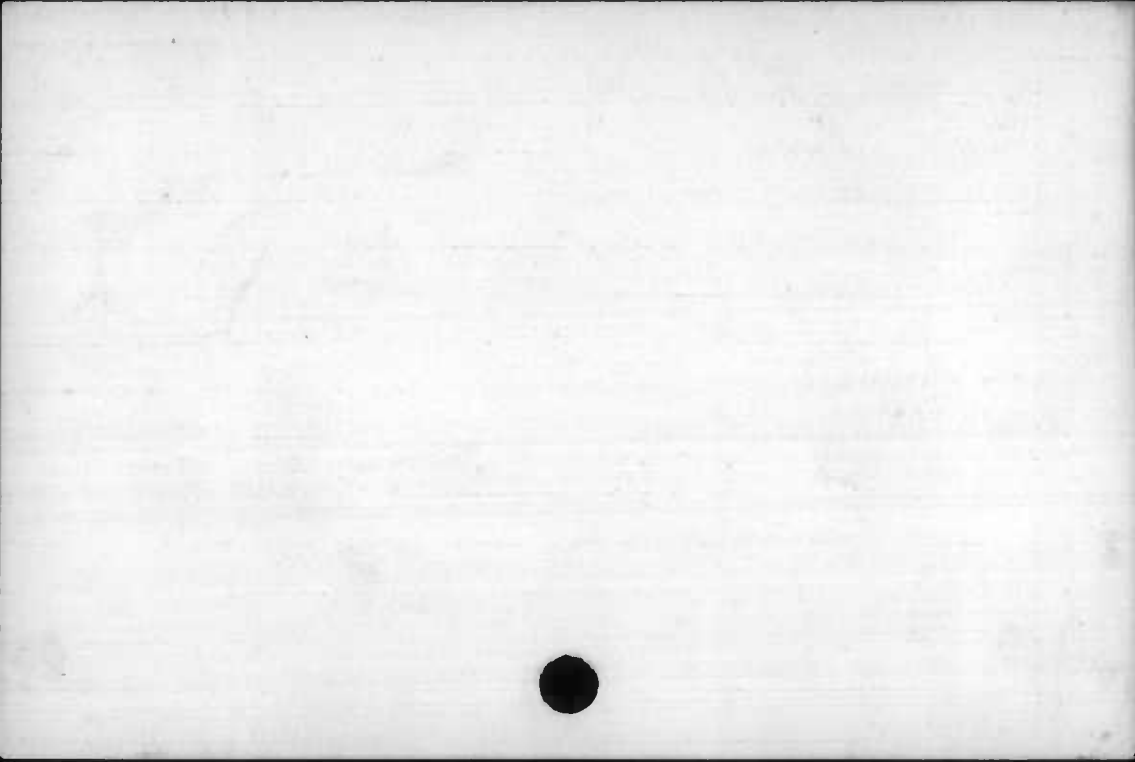
Died at <i>Annapolis</i>		County <i>A</i>		MARYLAND	
Date of death	1909	Month	Mar.	Day	23
Age	19	Years	10	Months	—
Sex	Female	Color or Race	Colored	Birth-place	A A Co Md
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	William Johnson	Father's Birthplace			
Mother's Maiden Name	Laura Page	Mother's Birthplace			
Name of person giving information	Laura Johnson	How related to deceased			
				Mother	

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	Nephritis	How long	Months
Immediate	Memia Exhaustion	How long	Gradual
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	John Ridout
		Address	Annapolis Md
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Sarah Jones*  
Town *Middleville* County *a-a-*  
Died at *Middleville* MARYLAND  
Date of death 1901 Month *Mar-* Day *16* Age *28* Years Months Days  
Sex *Female* Color or Race *B.* Birthplace *a-a-co-*  
Occupation *Housewife* Where Residing if not at place of death *-*  
Married, Single or Widowed *Married* Name of Wife or Husband *Jones*  
Father's Name *Jos. Carr* Father's Birthplace *a-a-co-*  
Mother's Maiden Name *Sarah Boston* Mother's Birthplace *a-a-co-*  
Name of person giving Information *Jos. Carr* How related to deceased *Father*

## CAUSES OF DEATH

27

Primary *Tuberculosis* How long *6 mos-*  
Immediate *Hemorrhage* How long *-*

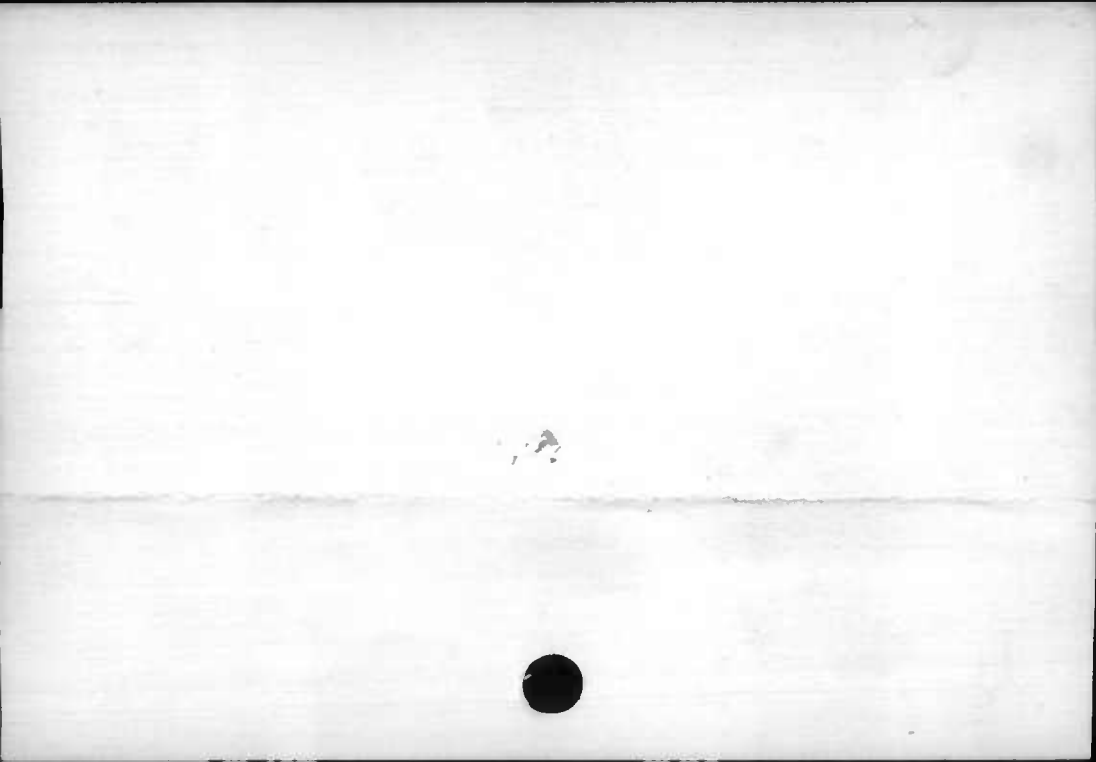
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

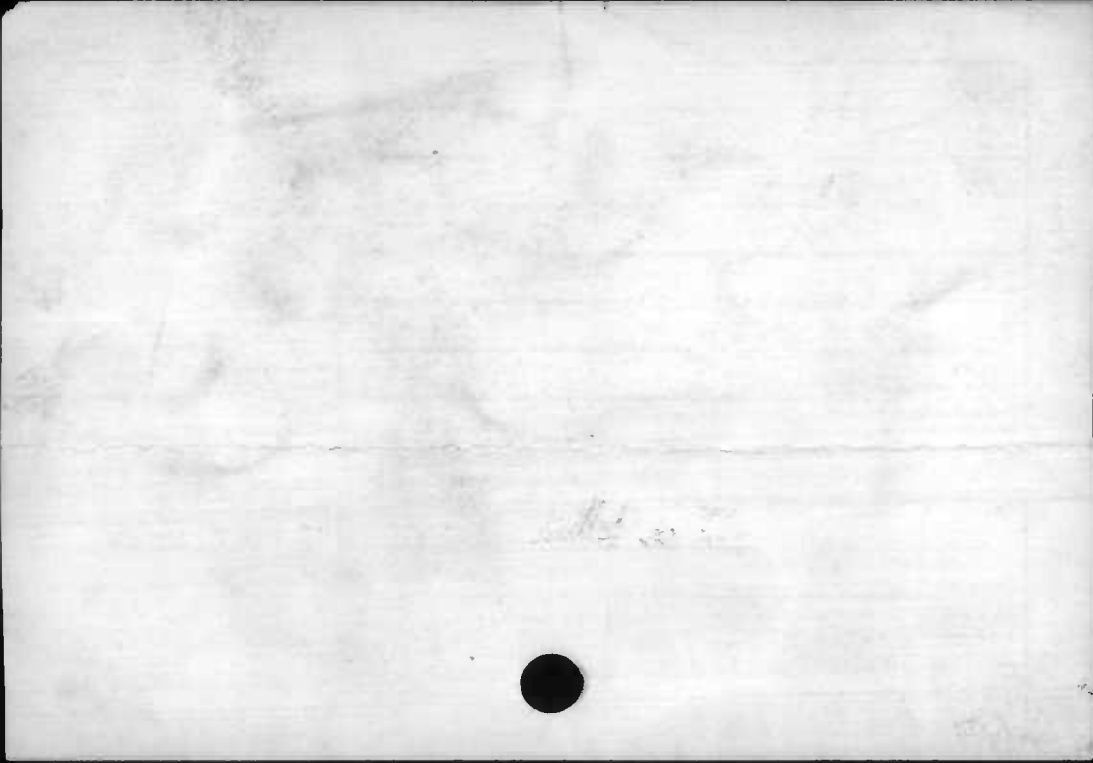
Address

Accident or Suicide

PHYSICIAN  
OR CORONER



Name in Full		Viola Keys.				CERTIFICATE OF DEATH			
Died at		Town		County		MARYLAND			
Died at		Millersville		Anne Arundel					
Date of death		Month		Day		Age		Years	
1909		3		28		1		12	
Sex		Female		Color or Race		Negro		Birth-place	
Occupation		Infant		Where Residing if not at place of death				Maryland	
Married, Single or Widowed		Single		Name of Wife or Husband					
Father's Name		Henry Keys.		Father's Birthplace		Maryland			
Mother's Maiden Name		Sarah Carr		Mother's Birthplace		" "			
Name of person giving Information		Father Henry Keys.		How related to deceased		Father			
CAUSES OF DEATH									
Primary		Probable cause Bronchitis				How long			
Immediate		Natural Causes.				How long			
Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician		J. D. Joyce			
Address		J. D. Joyce		Address		acting as Coroner			
Accident or Suicide		No		Address		Miller'sville Md			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i> <sup>Town</sup>		<i>a-a</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1909</i> <sup>Month</sup>	<i>March</i> <sup>Day</sup>	<i>21</i> <sup>Year</sup>	<i>98</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex	<i>Male</i>		Color or Race	<i>Colord</i>	
Occupation	<i>Laborer</i>		Birth-place	<i>Virginia</i>	
Where Residing if not at place of death			<i>London.</i>		
Married, Single or Widowed	<i>Widower</i>		Name of Wife or Husband	<i>Sophia Lane.</i>	
Father's Name	<i>Unknown</i>			Father's Birthplace	<i>Virginia</i>
Mother's Maiden Name	<i>Keziah Louis</i>			Mother's Birthplace	<i>" " —</i>
Name of person giving information	<i>Mary Lane Primos</i>			How related to deceased	<i>Daughter</i>

*Brewerhill*

## CAUSES OF DEATH

**154**PHYSICIAN  
OR CORONER

Primary	<i>Senility</i>	How long	<i>Months</i>
Immediate	<i>Exhaustion</i>	How long	<i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>John Ridout, M.D.</i>
<i>How</i>	Address	<i>Annapolis Md</i>	
Accident or Suicide?	<i>1</i>		





Name  
in  
Full

Asa S. Linthicum

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Town</i>		<i>County</i>		MARYLAND	
Date of death	1909	Month	3	Day	28
Age	78	Years	1	Months	24
Sex	Male	Color or Race	White	Birth-place	Maryland
Occupation	Physician		Where Residing if not at place of death		
Married, Single or Widowed	Widower	Name of Wife or Husband	Annette Crane		
Father's Name	William Linthicum		Father's Birthplace	Maryland	
Mother's Maiden Name	Elizabeth Sweetser		Mother's Birthplace	Maryland	
Name of person giving information	Seth H. Linthicum		How related to deceased	Nephew	

## CAUSES OF DEATH

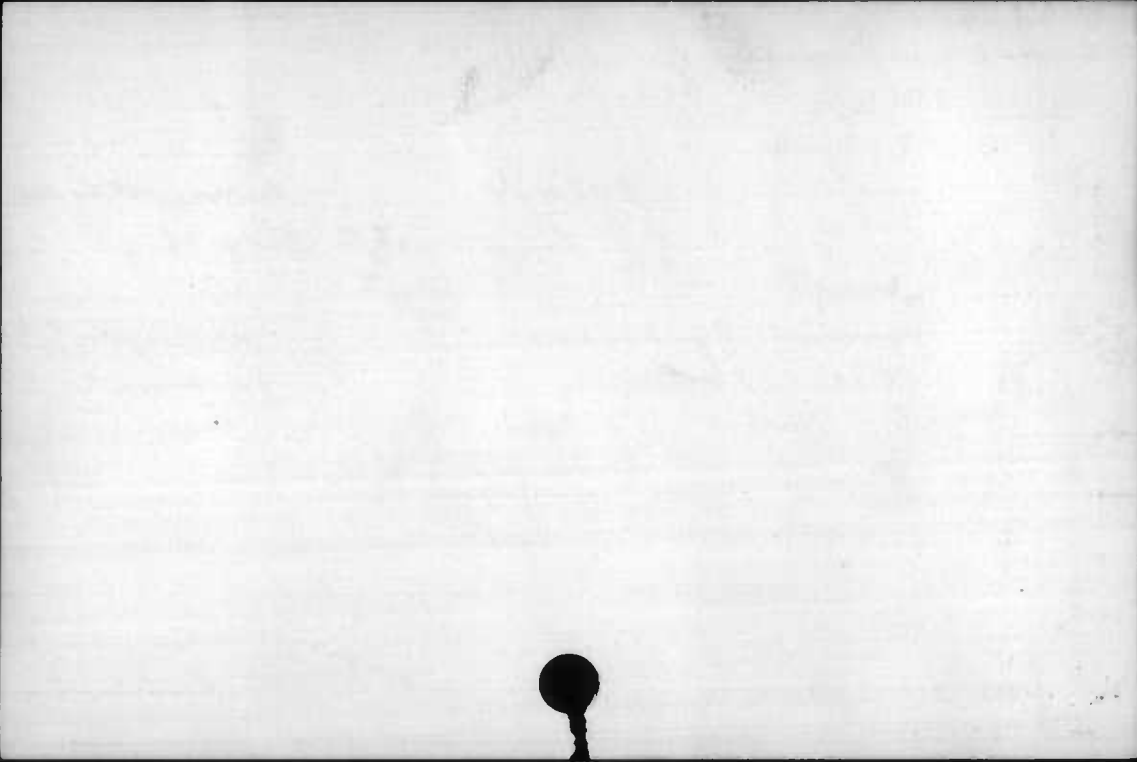
63

PHYSICIAN  
OR CORONER

Primary	Paralysis Agitans	How long	5 years
Immediate	Syncope	How long	2 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	R. A. Hammond
		Address	Jessup, Md.
Accident or Suicide?	No		



Name in Full <b>Ethelyn Alberta Smithicium</b>		CERTIFICATE OF DEATH			
Died at <b>Mar Annapolis</b> Town <b>Anne Arundel</b> County		MARYLAND			
Date of death <b>1909</b> Month <b>Mar</b> Day <b>27</b> Age <b>17</b> Years Months Days					
Sex <b>Female</b> Color or Race <b>White</b> Birth-place <b>A. A. Co.</b>					
Occupation <b>—</b> Where Residing if not at place of death <b>A. A. Co.</b>					
Married, Single or Widowed <b>Single</b> Name of Wife or Husband <b>—</b>					
Father's Name <b>Theo H Smithicium</b> Father's Birthplace <b>A. A. Co.</b>					
Mother's Maiden Name <b>Georganna</b> Mother's Birthplace <b>Balk Ind.</b>					
Name of person giving information <b>Georganna Smithicium</b> How related to deceased <b>Mother</b>					
CAUSES OF DEATH					
Primary <b>Pulmonary Tuberculosis</b> How long <b>15 months.</b>					
Immediate <b>Pulmonary Tuberculosis</b> How long <b>15 months.</b>					
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>S. S. H. H. H.</b>			
		Address <b>Annapolis Ind.</b>			
Accident or Suicide?					



Name  
in  
Full

*Elfrida McGowan*  
Infant of *Piel McGowins*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

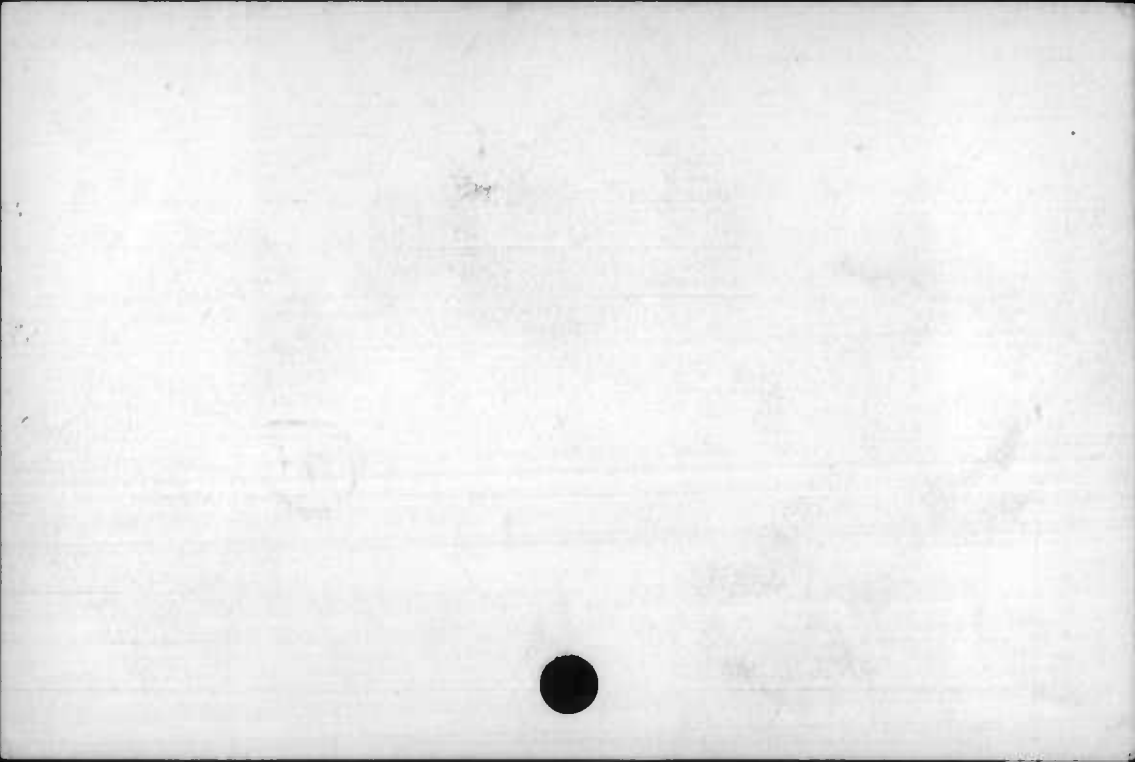
Died at <i>Annapolis Md</i>		County <i>a-a-co</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>March</i>	Day <i>13</i>	Age <i>—</i>	Months <i>—</i>	Days <i>3</i>
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Annapolis Md</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>82 Glay st</i>			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Samuel Richardson</i>			Father's Birthplace <i>Annapolis Md</i>		
Mother's Maiden Name <i>Piel McGowins</i>			Mother's Birthplace <i>Annapolis Md</i>		
Name of person giving information <i>Gennie Parker</i>			How related to deceased <i>uncle</i>		

CAUSES OF DEATH

**151**

PHYSICIAN  
OR CORONER

Primary <i>Congenital Debility</i>	How long <i>3 days</i>
Immediate <i>Convulsions</i>	How long <i>one hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. T. Reeves</i>
	Address <i>600 Cathedral St Annapolis Md</i>
Accident or Suicide?	



Name  
in  
Full

Charles E. Mallouee

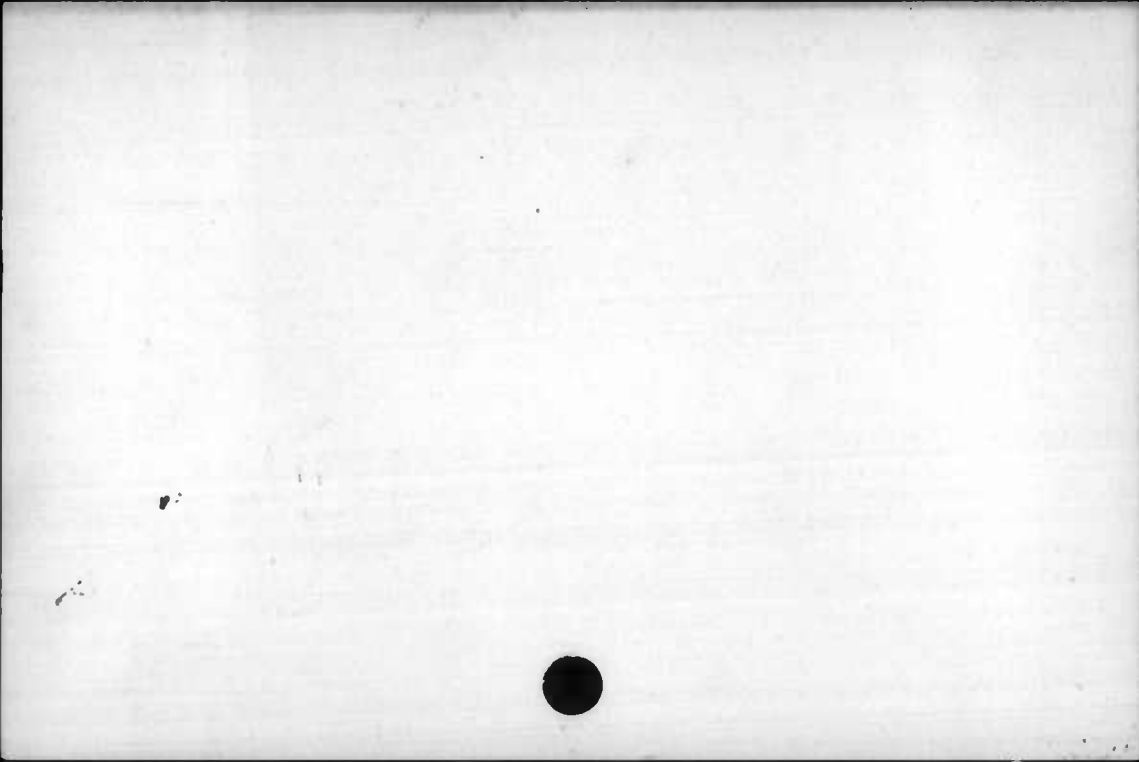
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>So</i> <sup>Town</sup> <i>Balti</i>		<i>AA</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1909</i> <sup>Month</sup> <i>Mar</i>	<i>28</i> <sup>Day</sup>	Age <i>—</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>	<i>1</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>77<sup>d</sup></i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Oden T. Mallouee</i>		Father's Birthplace <i>77<sup>d</sup></i>			
Mother's Maiden Name <i>Mary A. Hickey</i>		Mother's Birthplace <i>77<sup>d</sup></i>			
Name of person giving information <i>Oden T. Mallouee</i>		How related to deceased <i>Father</i>			

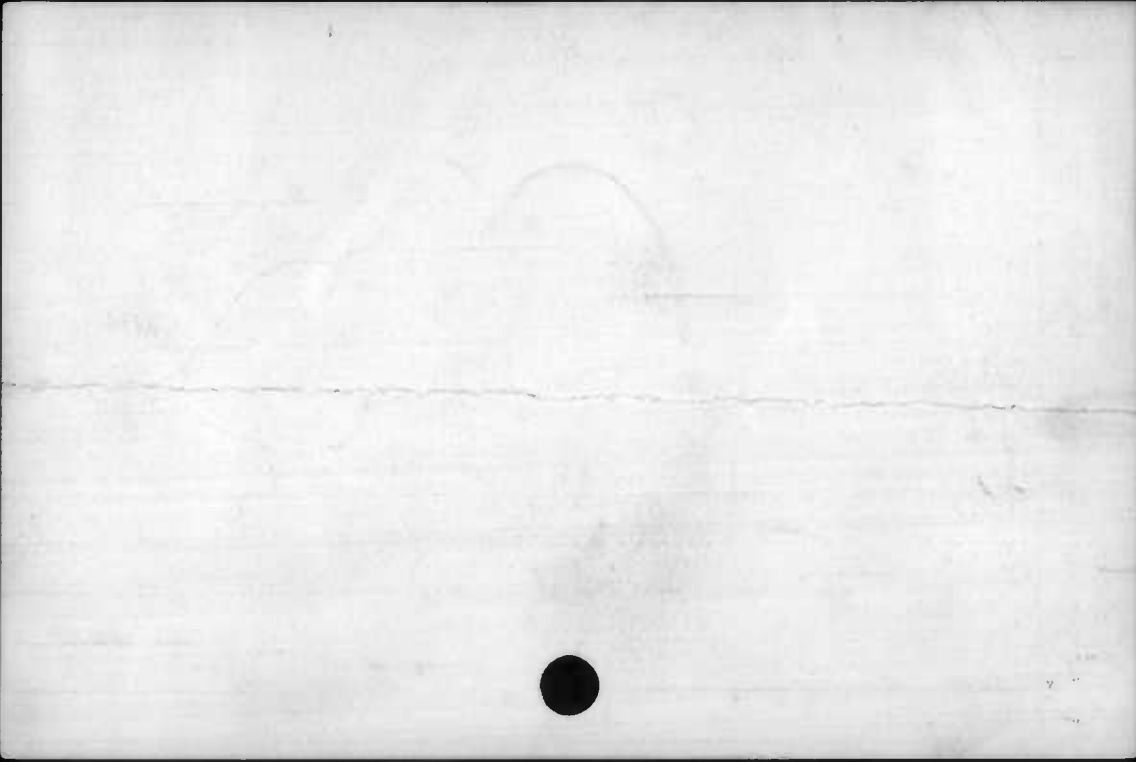
## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Infantile Convulsions</i>	<i>71</i> <sup>How long</sup>	<i>one hour</i> <sup>How long</sup>
	Immediate			
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Thos. B. O'Horton M.D.</i>	
			Address <i>So. Balto - Md.</i>	
Accident or Suicide? <i>—</i>				





Name in Full		TOWN				COUNTY		STATE	
Joseph Marsley		Jessups				Annapolis		MARYLAND	
Died at		Date of death		Month		Day		Age	
		1909		3		12		1	
Sex		Color or Race		Birth-place		Months		Days	
male		white		Jessups		1		20	
Occupation		Where Residing if not at place of death							
Married, Single or Widowed		Name of Wife or Husband							
Father's Name		Father's Birthplace		Frank Marsley		Baltimore			
Mother's Maiden Name		Mother's Birthplace		Rose Harman		Baltimore			
Name of person giving information		How related to deceased		Mrs. Harman		mother			
		CAUSES OF DEATH				151			
Primary		How long		Marasmus		3 weeks			
Immediate		How long							
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Yes		L. B. Byrd			
		Address				Laural mo			
Accident or Suicide?				No					



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

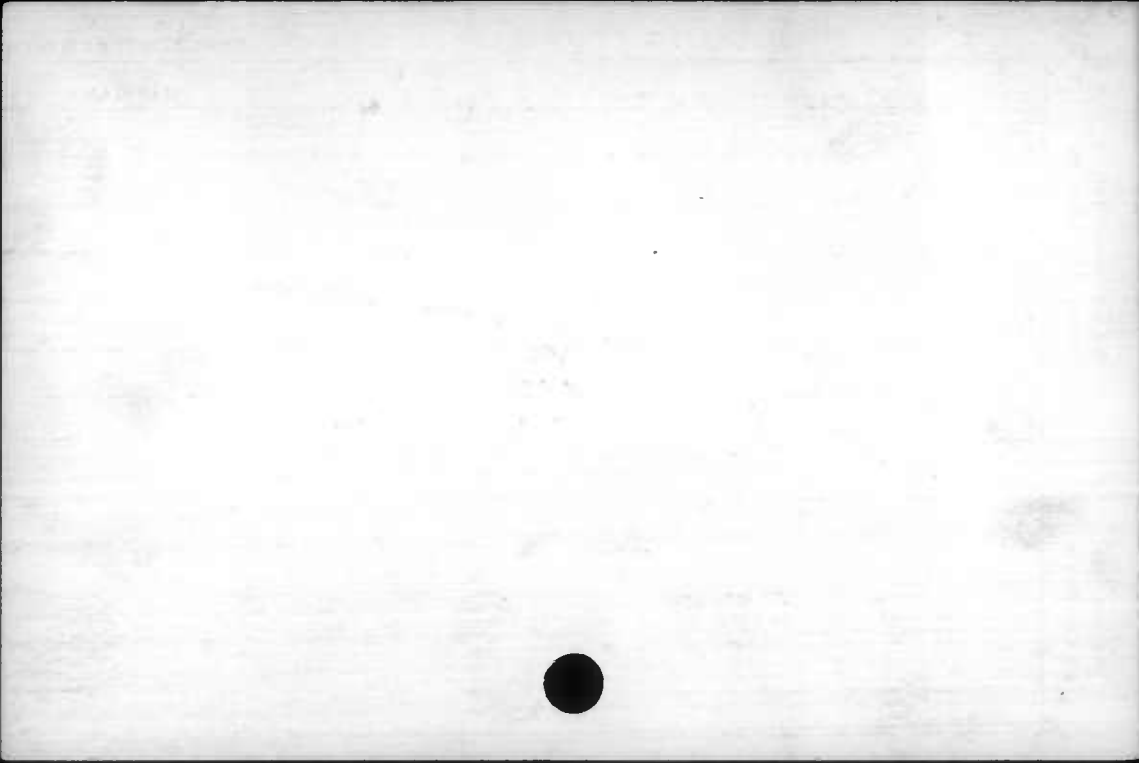
Name <i>Alvin Robert Meade</i>		Town <i>Eastport</i>		County <i>S.A.</i>		State <i>MARYLAND</i>	
Died at		Month <i>March</i>		Day <i>19</i>		Years <i>7</i>	
Date of death <i>1909</i>		Age <i>7</i>		Months <i>7</i>		Days <i>1</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Eastport</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Brook A. Meade</i>		Father's Birthplace <i>Calvert Co<sup>MD</sup></i>					
Mother's Maiden Name <i>Rosa Lee Bowman</i>		Mother's Birthplace <i>Calvert Co<sup>MD</sup></i>					
Name of person giving Information <i>J. E. Meade</i>		How related to deceased <i>Uncle</i>					

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary	<i>Broncho Pneumonia</i>	How long	<i>8 days</i>
Immediate	<i>Meningitis</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Wm S. Welch</i>	
		Address <i>Annapolis</i>	
Accident or Suicide			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Date

of death

Month

Day

Years

Months

Days

Sex

Color or  
RaceBirth-  
place

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

79

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

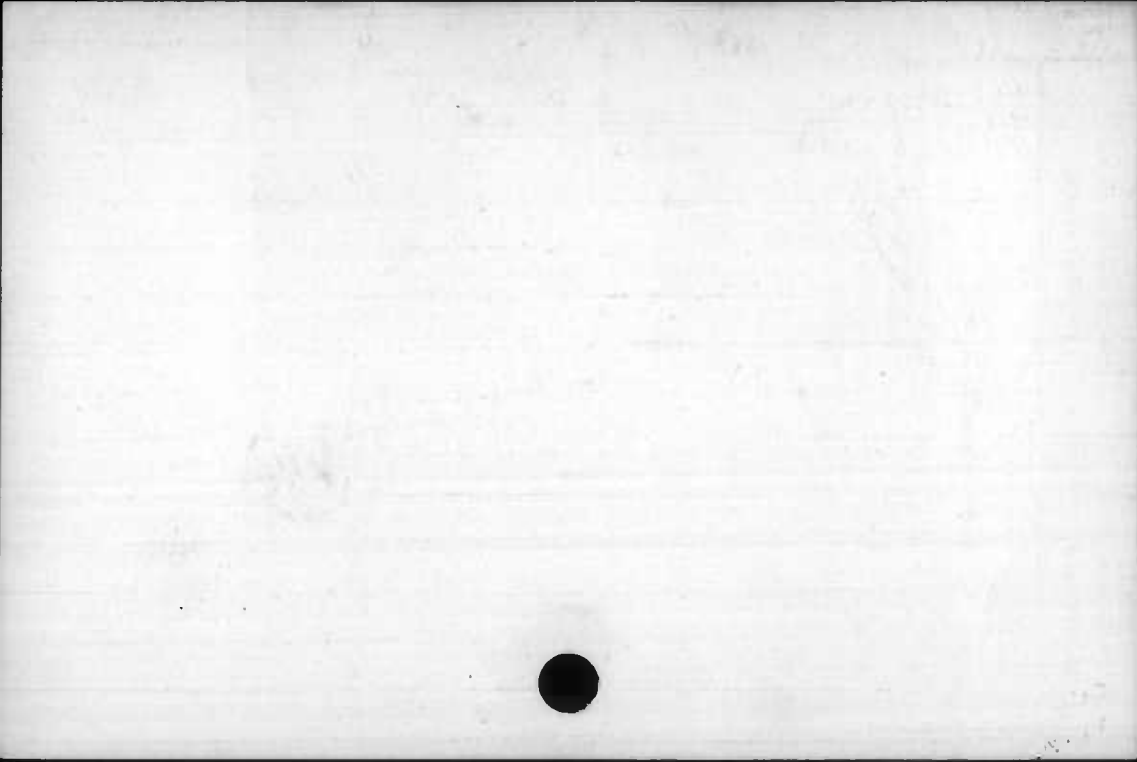
PHYSICIAN  
OR CORONER

1

Accident or Suicide

4 Tick  
2 book  
a. b. H

Name in Full		James Parkinson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Date of death		Month	Day	Age	Years	Months
	Sex		Color or Race		Birth-place		
	Occupation		Where Residing if not at place of death				
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name		Father's Birthplace				
	Mother's Maiden Name		Mother's Birthplace				
Name of person giving information		How related to deceased					
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">79</div>							
PHYSICIAN OR CORONER	Primary		How long				
	Immediate		How long				
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address		
	Accident or Suicide?						





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

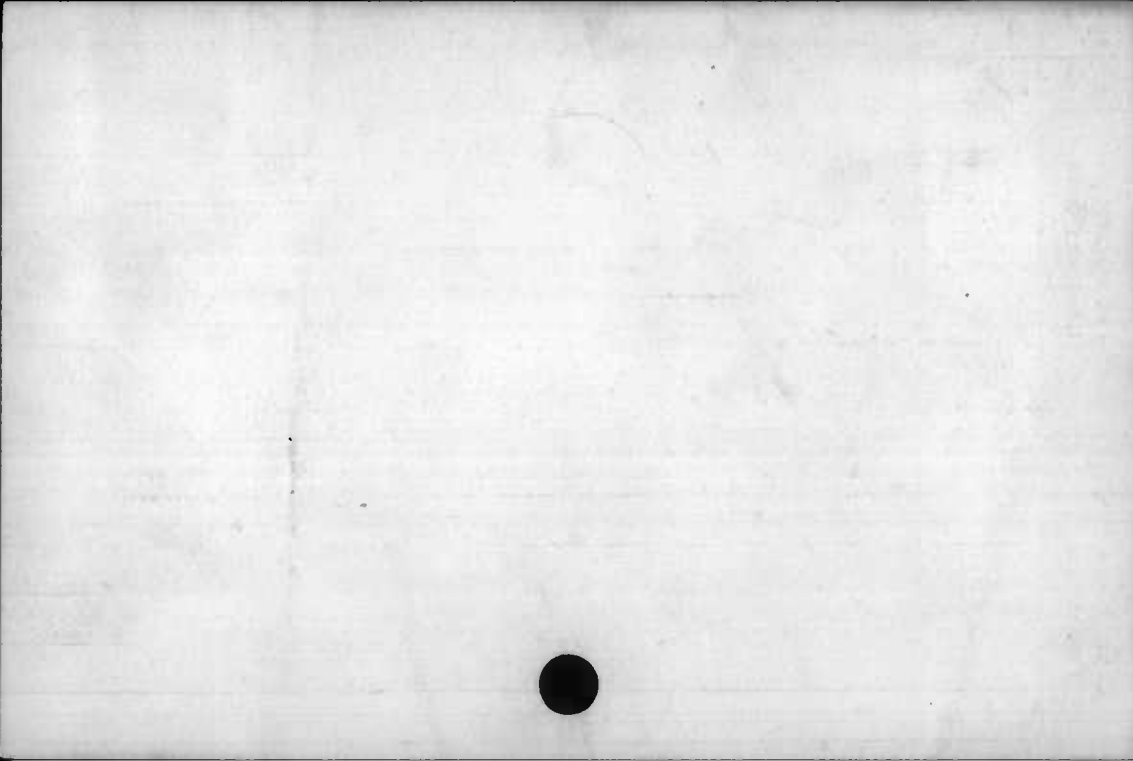
Name in Full <i>Annie M. Purdy</i>		Town <i>Neely</i>		County <i>L.A. Co</i>		MARYLAND	
Died at <i>Neely</i>		Month <i>3</i>		Day <i>Monday</i>		Years <i>58</i>	
Date of death <i>1909</i>		Age <i>58</i>		Months <i>9</i>		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Annapolis neck</i>			
Occupation <i>Farming</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>W. J. Purdy</i>					
Father's Name <i>John G. Nicholiz</i>		Father's Birthplace <i>L.A. Co</i>					
Mother's Maiden Name <i>Mary E. Hunter</i>		Mother's Birthplace <i>Annapolis neck</i>					
Name of person giving information <i>Daughter, Lola Basil</i>		How related to deceased <i>Daughter</i>					

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	<i>Two years</i>
Immediate <i>Exhaustion</i>	<i>One week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. Wells</i>
<i>No.</i>	Address <i>Annapolis, Md.</i>
Accident or Suicide?	



Name  
in  
Full

Louisa Ream

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Odenton</u> Town		<u>Ad</u> County		MARYLAND	
Date of death	1909	Month	3	Day	31
Age	67	Years		Months	
Sex	female	Color or Race	white	Birth-place	New York State
Occupation	House wife.		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband	George Ream		
Father's Name	Wm Stone		Father's Birthplace	New York State	
Mother's Maiden Name	Unknown		Mother's Birthplace		
Name of person giving Information	George Ream		How related to deceased	Husband -	

CAUSES OF DEATH

Primary	Probable cause Tuberculosis	How long
Immediate	Natural Cause	How long

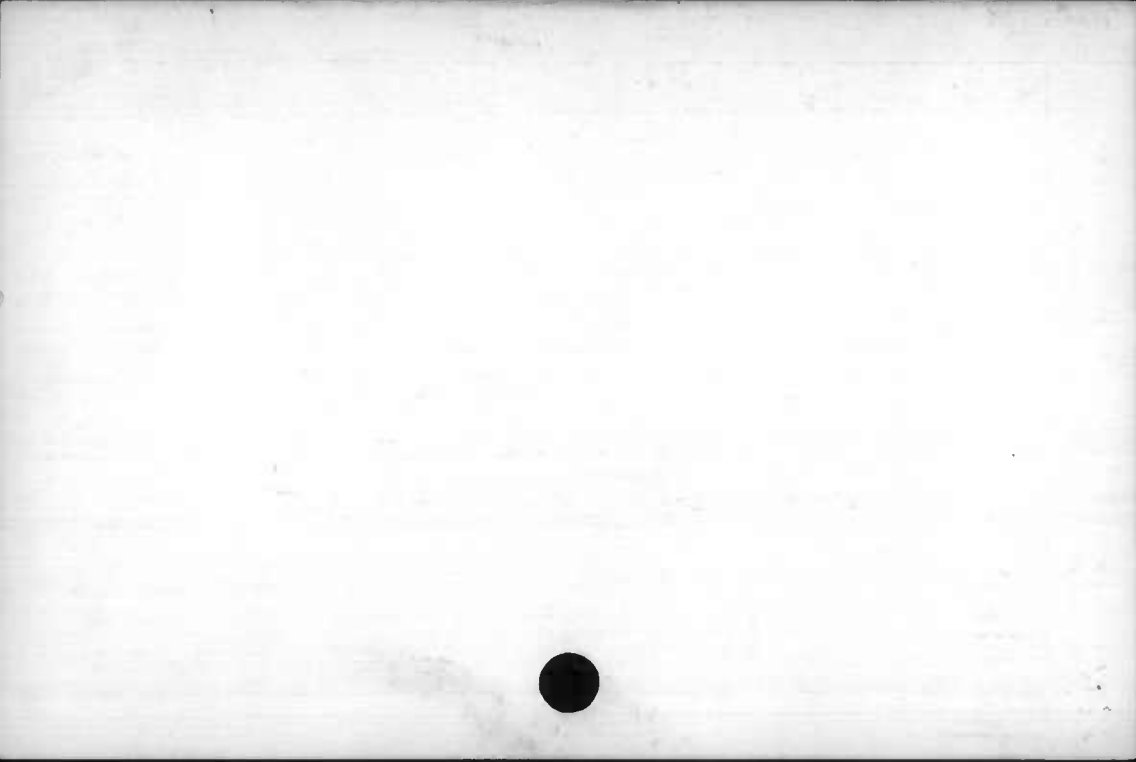
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

L. D. Joyce  
Address acting as Coroner  
Millersville Md.

Accident or Suicide

PHYSICIAN  
OR  
CORONER



Name  
in  
Full

Edward Otto Schmidt

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town County

Died at Mouth of Rock Creek Anne Arundel Co MARYLAND

Date of death 1909 Mar 20 Age Years Months Days

Sex Male - Color or Race White Birthplace Anne Arundel Co

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed Single Name of Wife or Husband \_\_\_\_\_

Father's Name Otto Schmidt Father's Birthplace Germany

Mother's Maiden Name Lola Sappington Mother's Birthplace Anne Arundel Co

Name of person giving information Otto Schmidt How related to deceased Father

## CAUSES OF DEATH.

92

Primary Broncho - pneumonia

How long 4 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

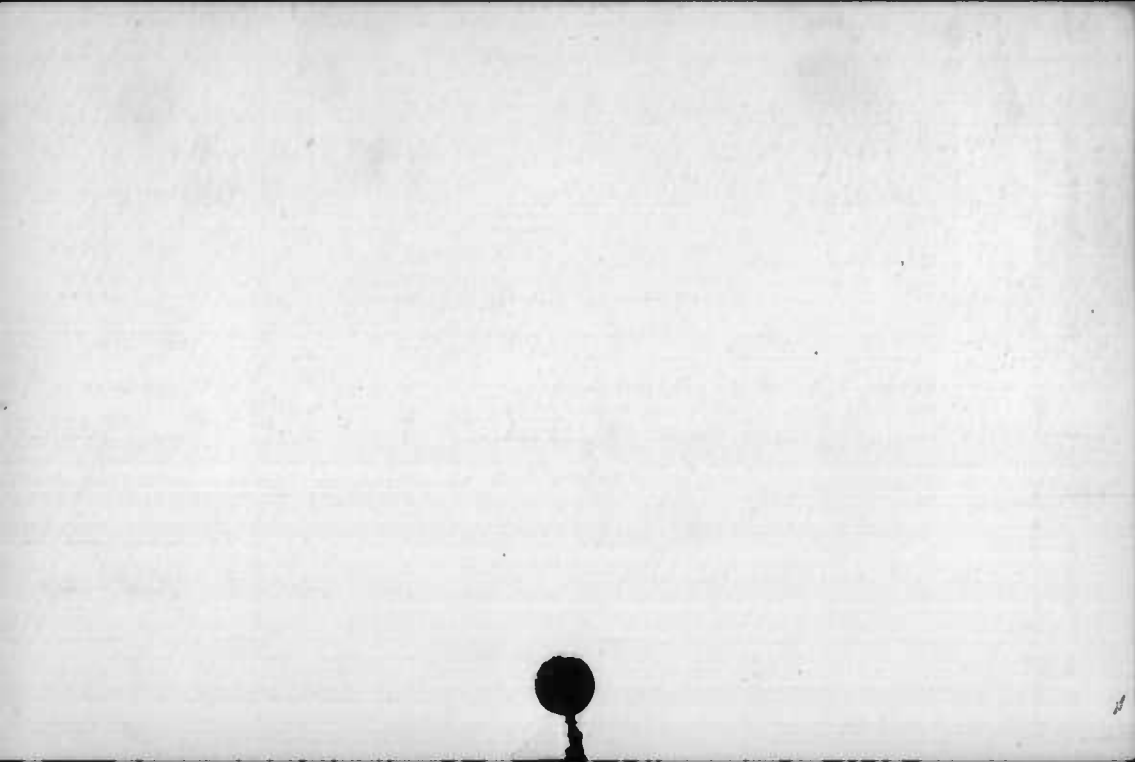
Address

James S. Belingher 2410  
Armagar  
Md

Accident or Suicide?

No

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

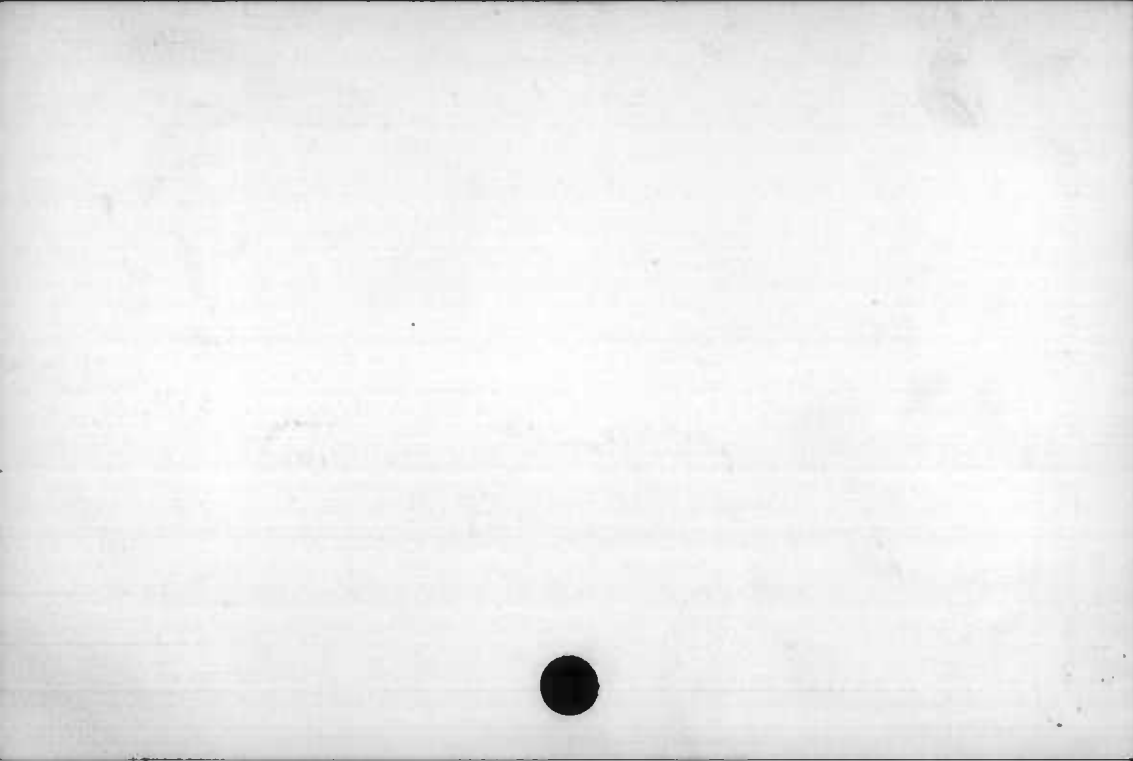
Died at <i>Camp Parole</i> <sup>Town</sup>		<i>a. a.</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1909</i> <sup>Year</sup>	<i>March</i> <sup>Month</sup>	<i>10</i> <sup>Day</sup>	<i>64</i> <sup>Years</sup>	<i>7</i> <sup>Months</sup>
Sex	<i>Male</i>	Color or Race	<i>Colored</i>	Birth-place	<i>South River</i>
Occupation	<i>Farmer.</i>		Where Residing if not at place of death <i>Camp Parole</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Mary Semely.</i>		
Father's Name	<i>John Semely</i>			Father's Birthplace	<i>South River</i>
Mother's Maiden Name	<i>Susan Harris</i>			Mother's Birthplace	<i>South River</i>
Name of person giving information	<i>Mary Semely</i>			How related to deceased	<i>Wife</i>

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	<i>Nephritis</i>	How long	<i>Months</i>
Immediate	<i>Nephritis Exhaustion</i>	How long	<i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes.</i>	Signature of Physician	<i>John Ridout, M.D.</i>
		Address	<i>Annapolis Md</i>
Accident or Suicide?			





Name  
in  
Full

Infant of Roberta Smith

## CERTIFICATE OF DEATH

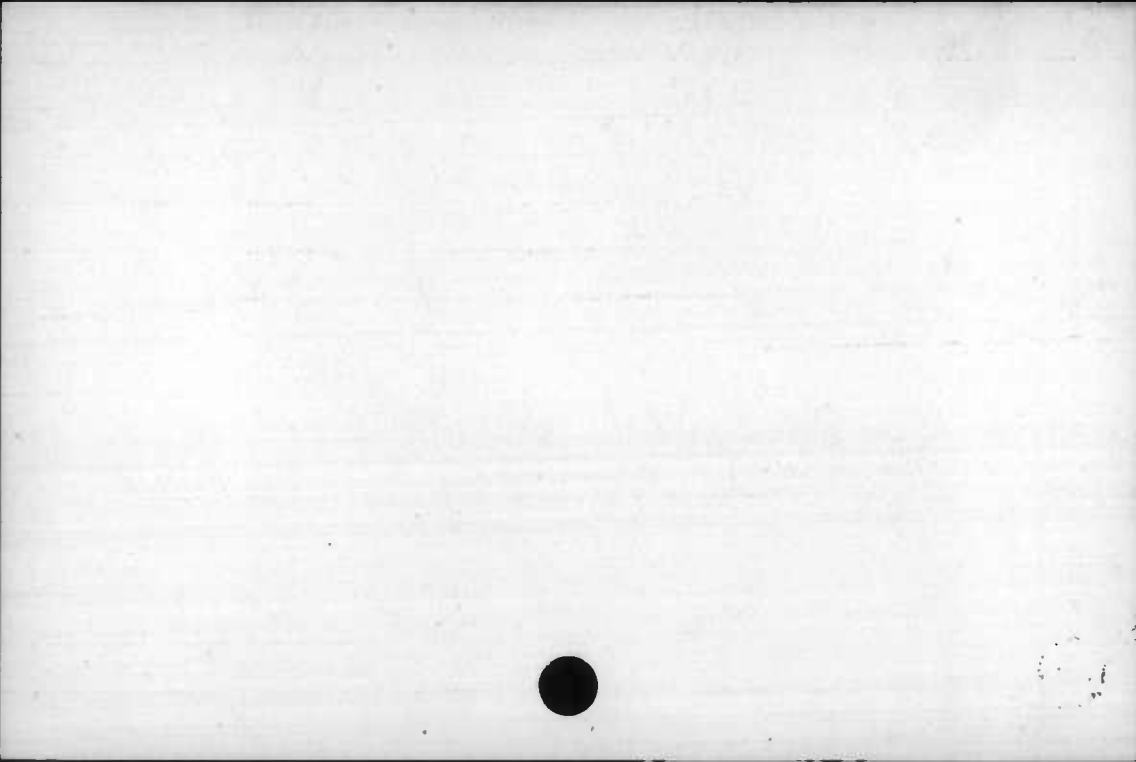
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i>		County <i>A. A. Co.</i>		MARYLAND	
Date of death	1909	Month	March	Day	9 <sup>th</sup>
Age	Years		Months		Days
Sex	<i>Male</i>		Color or Race	<i>colored</i>	
Occupation			Birth-place	<i>Annapolis</i>	
Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			<i>Unknown</i>		
Mother's Maiden Name			<i>Roberta Smith</i>		
Name of person giving information			<i>Roberta Smith</i>		
Father's Birthplace			<i>Annapolis</i>		
Mother's Birthplace			<i>Annapolis</i>		
How related to deceased			<i>Mother</i>		

## CAUSES OF DEATH

Primary	<i>Premature Birth</i>		How long	<i>(151)</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>		Signature of Physician	<i>John Ridout, M.D.</i>
			Address	<i>Annapolis Md</i>
Accident or Suicide?				

PHYSICIAN  
CORONER



Name  
in  
Full

Samuel Spriggs

## CERTIFICATE OF DEATH

MARYLAND

Died at <sup>Town</sup> Annapolis<sup>County</sup> a-aDate of death 1909 <sup>Month</sup> March <sup>Day</sup> 27Age <sup>Years</sup> 65

Months

Days

Sex Male

Color or Race

Colord

Birth-place

a-a - Co. Md

Occupation

Farmer

Where Residing if not at place of death

Camp Parole. Md

Married, Single or Widowed

Married

Name of Wife or Husband

Frances Spriggs

Father's Name

Washington Spriggs

Father's Birthplace

Prince George Co. Md

Mother's Maiden Name

Marriah Anderson

Mother's Birthplace

P. George Co. Md

Name of person giving information

Frances Spriggs

How related to deceased

Wife

## CAUSES OF DEATH

172

Primary

wounded

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

John N. Davis

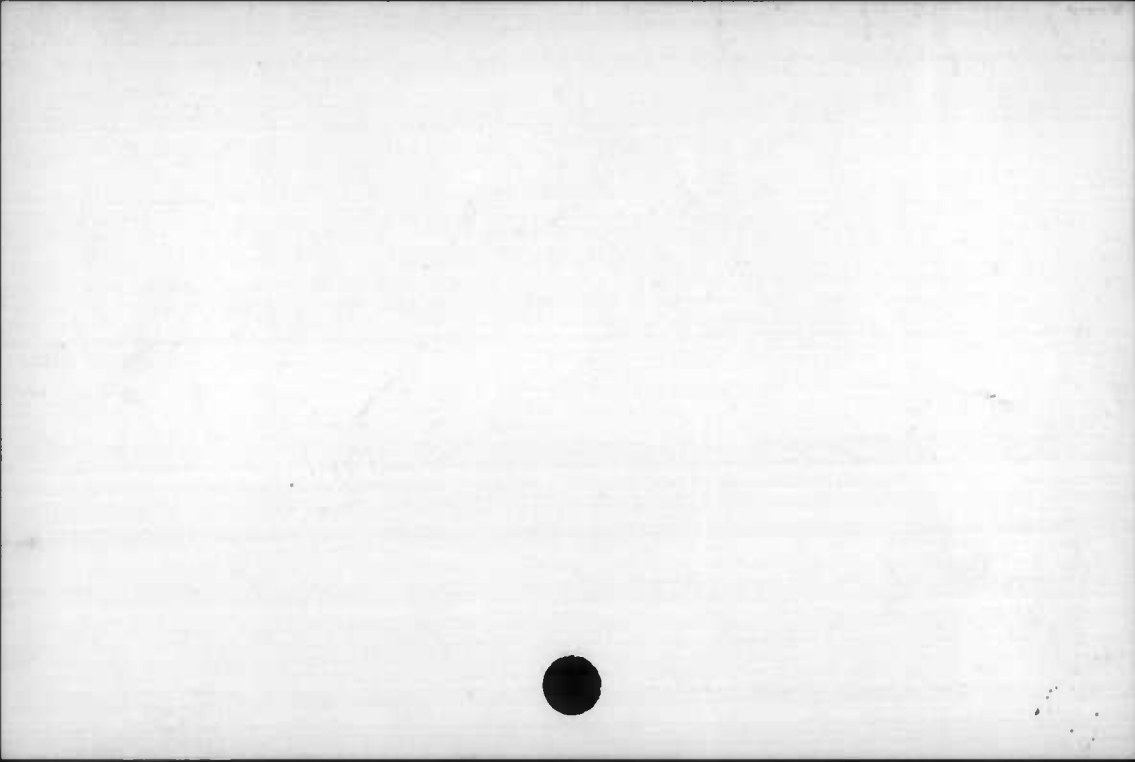
Junkcarens

Annapolis Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

1



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

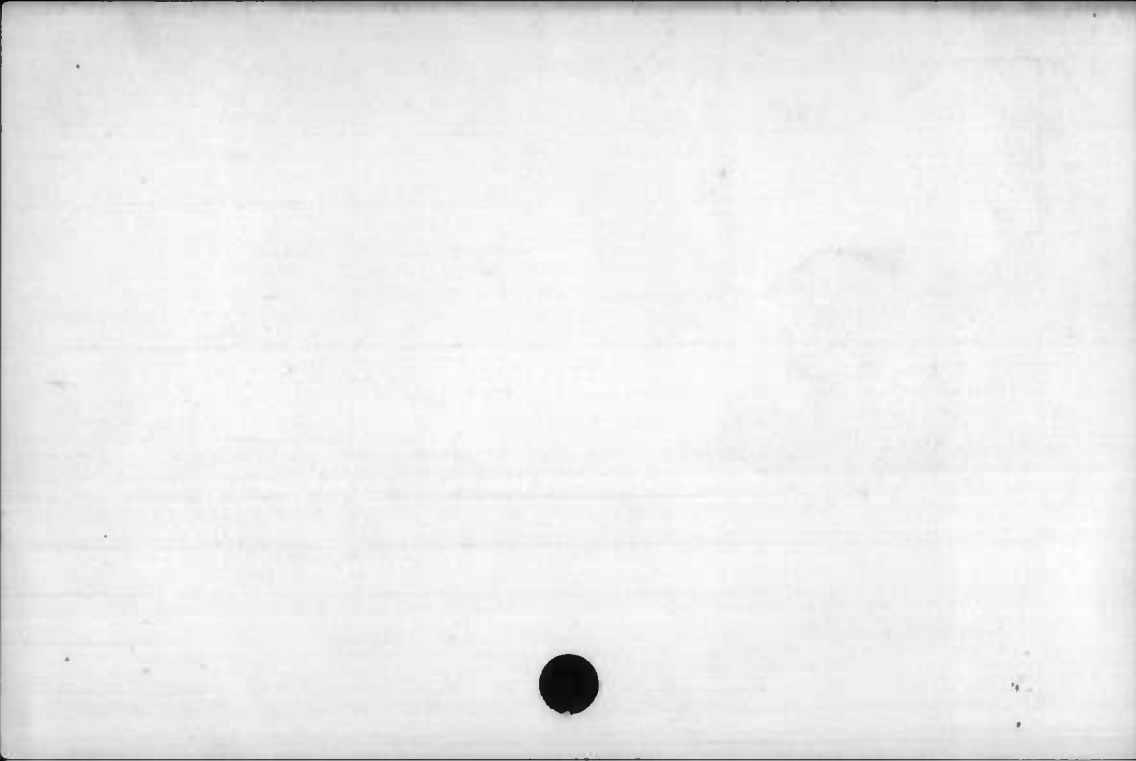
Died at <i>South Baltimore</i>		Town <i>South Baltimore</i>		County <i>Anne Arundell</i>		MARYLAND	
Date of death	<i>1909</i>	Month <i>March</i>	Day <i>23</i>	Age	Years	Months <i>8</i>	Days <i>2</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>South Baltimore</i>				
Occupation				Where Residing if not at place of death <i>South Baltimore</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>W. Taylor</i>	Father's Birthplace <i>Maryland</i>						
Mother's Maiden Name <i>Bertha Green</i>	Mother's Birthplace <i>Maryland</i>						
Name of person giving information <i>Bertha Jones</i>	How related to deceased <i>Mother</i>						

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Pneumonia</i>	How long <i>One Week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John Edgar Crowe</i>
	Address
<input checked="" type="checkbox"/> Accident or Suicide?	



Name in Full *Mary Thomas*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

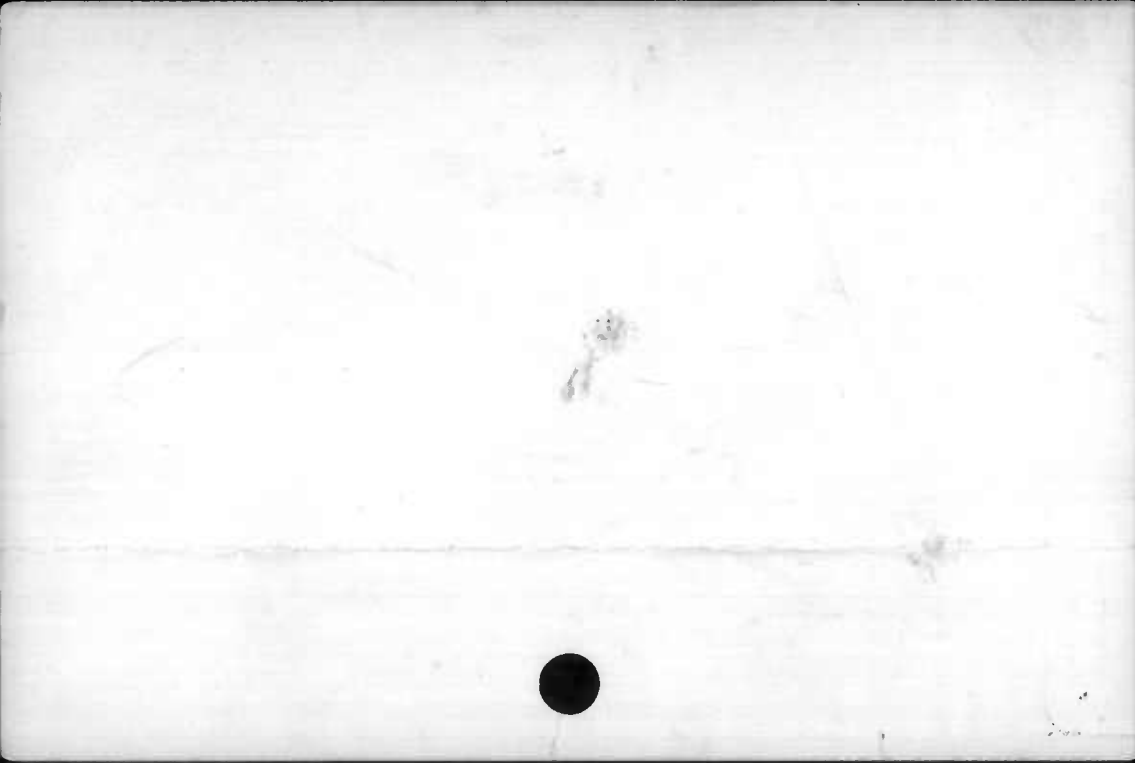
Died at <i>Millersville</i> <sup>Town</sup>		<i>Anne Arundel</i> <sup>County</sup>		MARYLAND	
Date of death	Month	Day	Age	Years	Months
1909	3	3	24	-	
Sex	Color or Race		Birthplace		
<i>female</i>	<i>Negro</i>		<i>Maryland</i>		
Occupation	Where Residing if not at place of death				
<i>Servant -</i>					
Married, <del>Single</del> <del>or Widowed</del>	Name of <del>Wife</del> Husband <i>Joseph Thomas</i>				
Father's Name	<i>Lewis Queen</i>			Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Anna Hall</i>			Mother's Birthplace	<i>" "</i>
Name of person giving Information	<i>Anna Queen</i>			How related to deceased	<i>Mother</i>

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Probable cause Tuberculosis</i>		How long	
	<i>Natural Cause</i>		How long	
Immediate				
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		Address	
<i>Yes</i>	<i>E. D. Joyce</i>		<i>Acting as Coroner</i>	
<i>1</i> <i>Arthur J. H. H. H.</i>			<i>Millersville Md.</i>	
Accident or Suicide				





Name  
in  
Full

Arthur M. Tunes

## CERTIFICATE OF DEATH

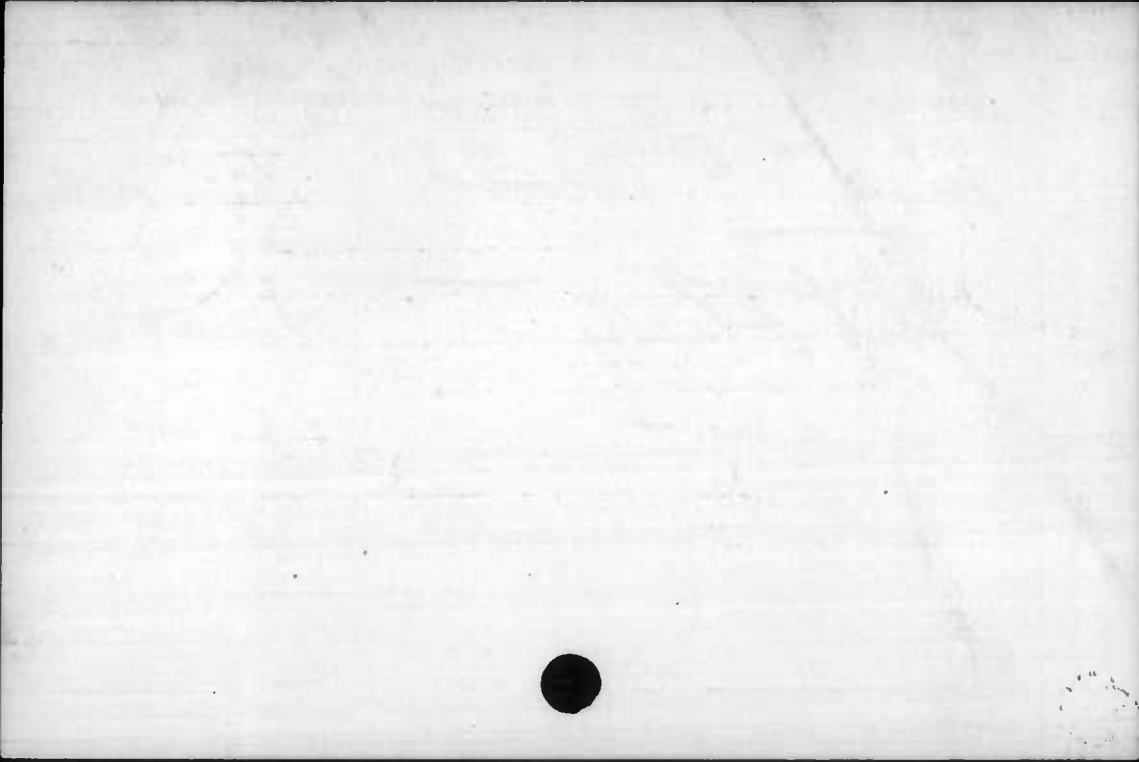
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>East Port</u> <small>Town</small>		<u>Anne Arundel</u> <small>County</small>		MARYLAND	
Date of death <u>1909</u>	<u>Mar</u> <small>Month</small>	<u>9</u> <small>Day</small>	Age <u>49</u> <small>Years</small>	<u>      </u> <small>Months</small>	<u>      </u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>30 Oct</u>		
Occupation <u>Fireman</u>			Where Residing if not at place of death <u>      </u>		
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Emma Tunes</u>				
Father's Name <u>Ashton B. Tunes</u>			Father's Birthplace <u>New Jersey</u>		
Mother's Maiden Name <u>Unknown</u>			Mother's Birthplace <u>Unknown</u>		
Name of person giving information <u>William Tunes</u>			How related to deceased <u>Son</u>		

## CAUSES OF DEATH

40

PHYSICIAN OR CORONER <b>1</b>	Primary	<u>Cancer of Stomach</u>	How long	<u>about 6 yr</u>
	Immediate	<u>" " "</u>	How long	<u>"</u>
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>J. Oliver Purvis</u>	
	Accident or Suicide? <u>no</u>		Address <u>Annapolis Md</u>	



Name  
in  
Full

*Turner*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

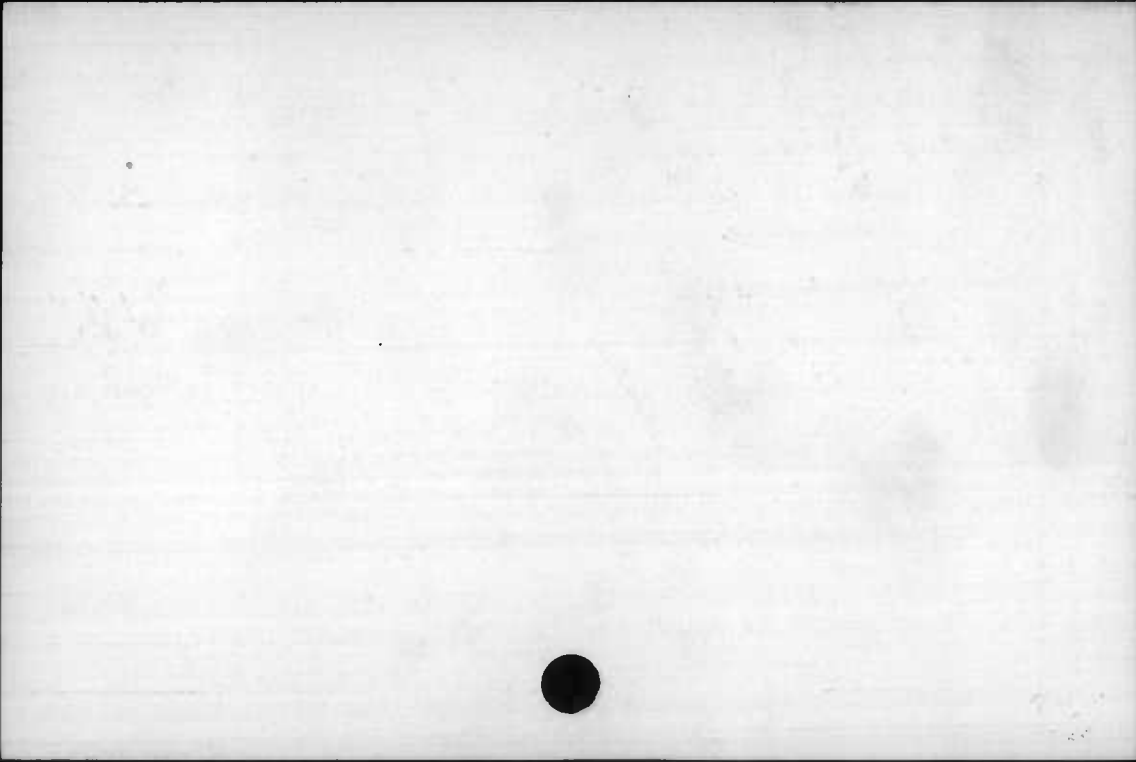
Died at <i>Round Bay</i> <sup>Town</sup>		<i>Ann</i> <sup>County</sup>		<i>MARYLAND</i>	
Date of death	<i>1909</i>	Month	<i>March</i>	Day	<i>10</i>
Age	<i>4</i>		Years	Months	Days
Sex	<i>Male</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Round Bay</i>
Occupation	<i>—</i>		Where Residing if not at place of death <i>Round Bay</i>		
Married, Single or Widowed	<i>Widowed</i>		Name of Wife or Husband <i>—</i>		
Father's Name	<i>Joe Kelly</i>		Father's Birthplace <i>Round Bay</i>		
Mother's Maiden Name	<i>Mary Ann Turner</i>		Mother's Birthplace <i>" "</i>		
Name of person giving information	<i>Walter Massey</i>		How related to deceased <i>son</i>		

CAUSES OF DEATH

*105*

PHYSICIAN  
OR CORONER

Primary	<i>Gastric ulcer</i>	How long	<i>8 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>[Signature]</i>	
		Address <i>[Redacted]</i>	
Accident or Suicide?			



Name  
in  
Full

Thomas Cameron Walton

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Annapolis <sup>Town</sup> An. Co. <sup>County</sup> **MARYLAND**

Date of death 1909 <sup>Month</sup> March <sup>Day</sup> 2<sup>nd</sup> <sup>Years</sup> 70 <sup>Months</sup> 9 <sup>Days</sup> 3

Sex Male Color or Race White Birth-place England

Occupation Medical Director U.S.N. Ret Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Katherine Lynch

Father's Name Thomas Walton Father's Birthplace England

Mother's Maiden Name Ann Watson Mother's Birthplace England

Name of person giving Information Nancy Lane Walton How related to deceased Daughter

## CAUSES OF DEATH

Primary Cerebral hemorrhage <sup>How long</sup> 15 minutes

Immediate Paralysis heart & respiration <sup>How long</sup>

Are the name, age, sex, color, date and place correctly given above? yes

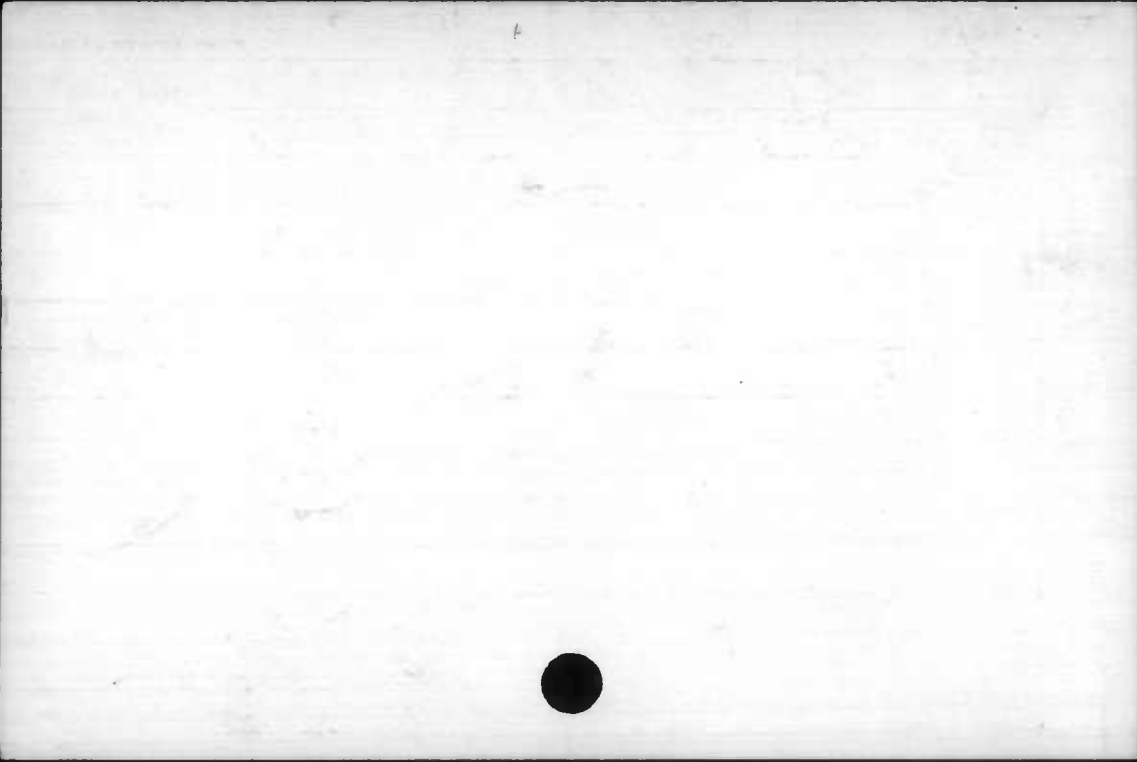
Signature of Physician C.F. Stokes, M.D.

Address Surgeon, U.S.N.  
Naval Academy

PHYSICIAN  
OR CORONER

1

Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

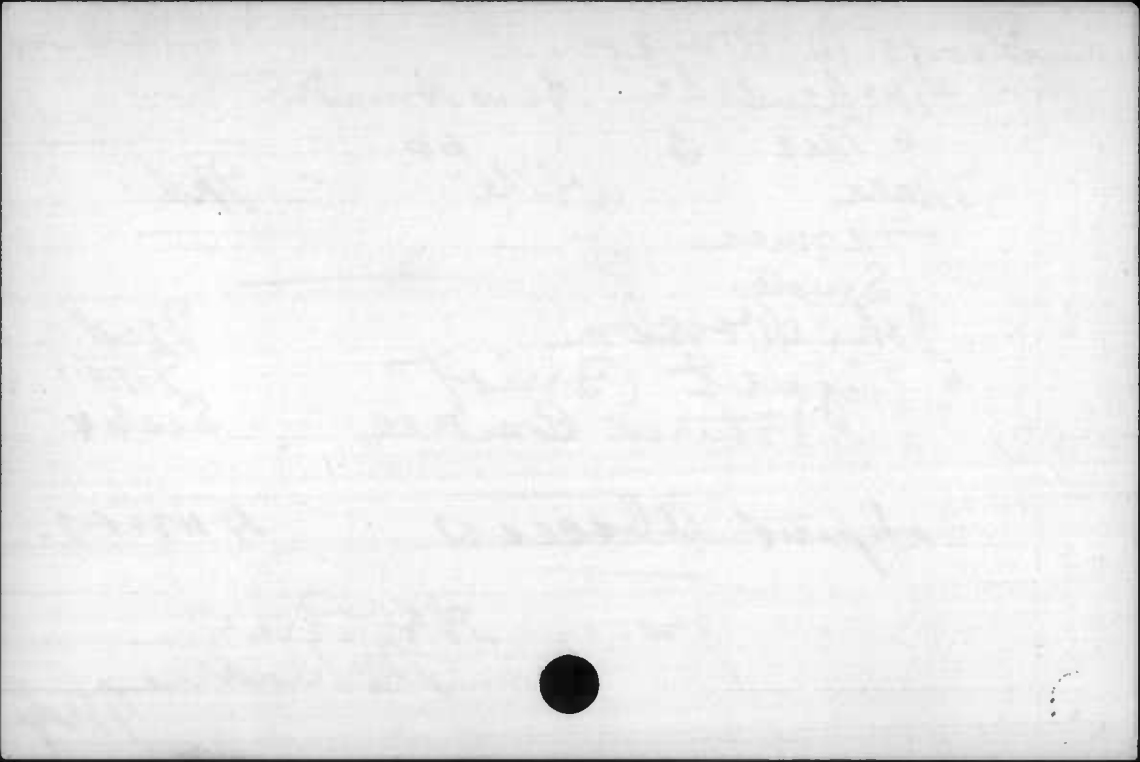
Name in Full <i>Geo W. Watson</i>		Town <i>Sollys</i>		County <i>Anne Arundel</i>		State <i>MARYLAND</i>	
Died at <i>Sollys</i>		Date of death <i>1909 March 17</i>		Age <i>67</i>		Months <i>4</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>A A Co</i>		Days <i>10</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Sollys A A Co</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Susie R. Watson</i>					
Father's Name <i>Henry R. Watson</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Ruth Stansberry</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Sarah A Watson</i>		How related to deceased <i>Daughter</i>					

## CAUSES OF DEATH

79

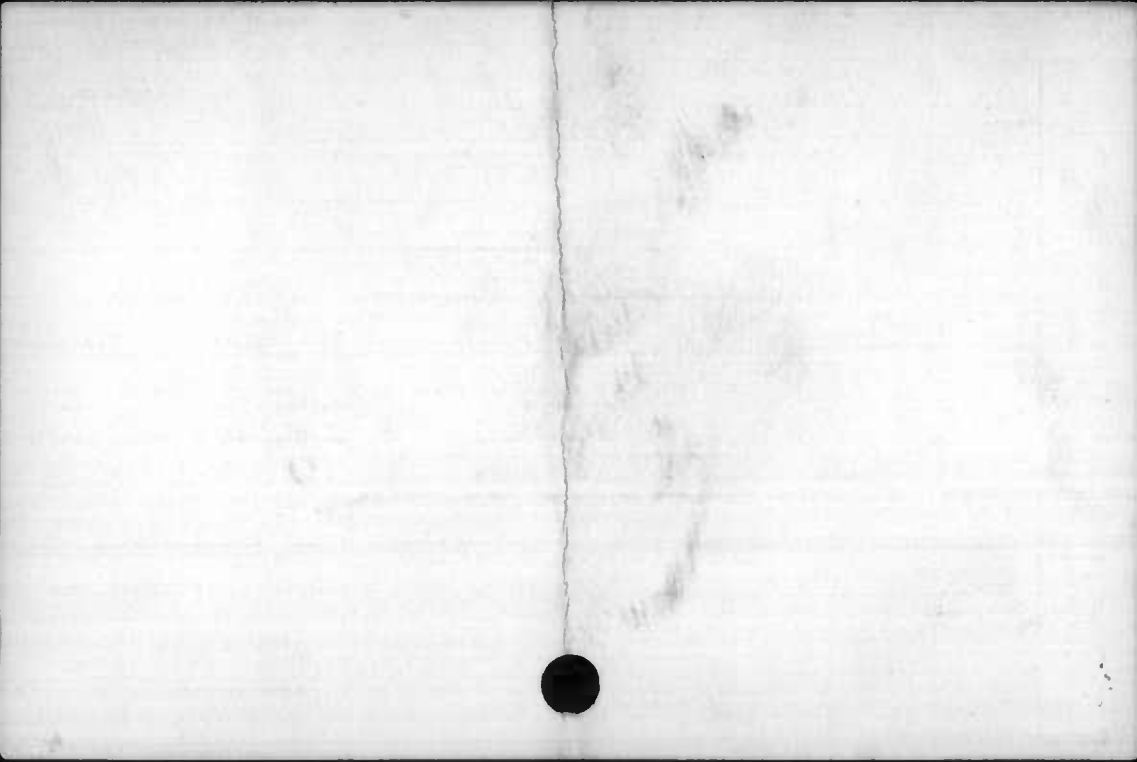
PHYSICIAN  
OF CORONER

Primary		How long	
Immediate <i>Paralysis of the Heart</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>John C. Peter Coroner</i>	
Address			
Accident or Suicide?			





Name in Full <b>Mary Watts</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>3rd St</b> Town <b>D. A</b> County		MARYLAND
	Date of death <b>1909</b>	Month <b>March</b>	Day <b>16</b>
	Age <b>1</b>		Months <b>2</b>
	Sex <b>Female</b>	Color or Race <b>Colored</b>	Birth-place <b>A. A. Co. Md</b>
	Occupation <b>—</b>	Where Residing if not at place of death <b>—</b>	
	Married, Single or Widowed <b>—</b>	Name of Wife or Husband <b>—</b>	
PHYSICIAN OR CORONER	Father's Name <b>James Watts</b>		Father's Birthplace <b>A. A. Co. Md</b>
	Mother's Maiden Name <b>Margaret Herman</b>		Mother's Birthplace <b>A. A. Co. Md</b>
	Name of person giving information <b>James Watts</b>		How related to deceased <b>Father</b>
	CAUSES OF DEATH		
1	Primary <b>Brisk</b>	How long <b>3 weeks</b>	Signature of Physician <b>J. D. Riddell</b> Address <b>Annapolis Md</b> <b>R. F. D. No 1</b>
	Immediate <b>Cornea</b>	How long <b>7 hours</b>	
	Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		
	Accident or Suicide?		



Name  
in  
Full

George W. Wayson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

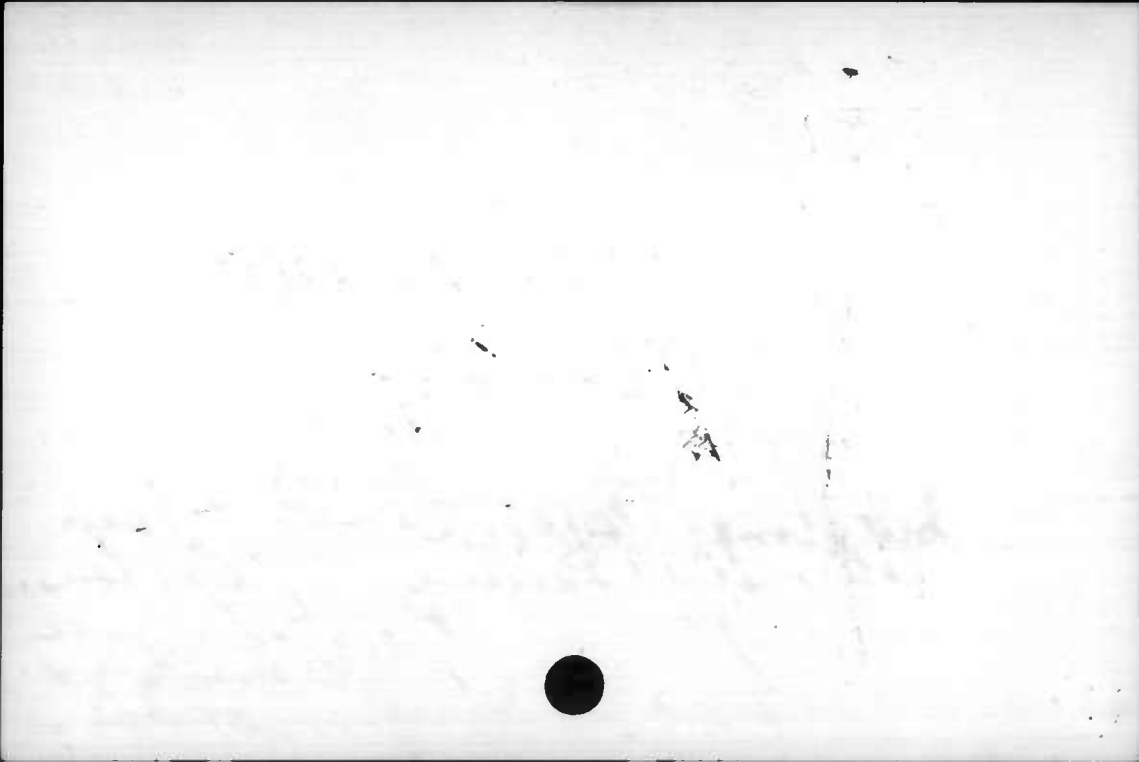
Died at <u>McKendree</u> <sup>Town</sup>		<u>Anne Arundel</u> <sup>County</sup>		MARYLAND	
Date of death	190 <u>9</u> <sup>Month</sup> <u>Mar</u> <sup>Day</sup>	Age	<u>66</u> <sup>Years</sup>	<u>—</u> <sup>Months</sup>	<u>—</u> <sup>Days</sup>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Ind.</u>
Occupation	<u>Farmer</u>		Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband <u>—</u>			
Father's Name	<u>John Wayson</u>			Father's Birthplace	<u>Ind.</u>
Mother's Maiden Name	<u>Elizabeth Parrist</u>			Mother's Birthplace	<u>Ind.</u>
Name of person giving Information	<u>Veturia Grandree</u>			How related to deceased	<u>Sister</u>

## CAUSES OF DEATH

114

PHYSICIAN  
OR CORONER

Primary	<u>Hepatic Abscess</u>	How long	<u>4 WEEKS.</u>
Immediate	<u>—</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>A. H. Perrie</u>
		Address	<u>McKendree Ind.</u>
Accident or Suicide <input type="checkbox"/>			



Name  
in  
Full

Washington West

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Annapolis		<sup>County</sup> A-A-		MARYLAND	
Date of death	1909	Month	March	Day	29
Age	83	Years		Months	
Sex	Male	Color or Race	Colord.	Birth-place	Prince George Co. Md.
Occupation	Farmer		Where Residing if not at place of death	42 Second Street	
Married, Single or Widowed	Married	Name of Wife or Husband	Martha West		
Father's Name	John West			Father's Birthplace	Prince George Co. Md.
Mother's Maiden Name	Vivara Marshall			Mother's Birthplace	P. & C. County Md.
Name of person giving information	Mary W. Johns			How related to deceased	Daughter

## CAUSES OF DEATH

Primary

Intestinal Catarrh  
Chronic Kidney Failure

How long

7 days  
48 hrs.

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

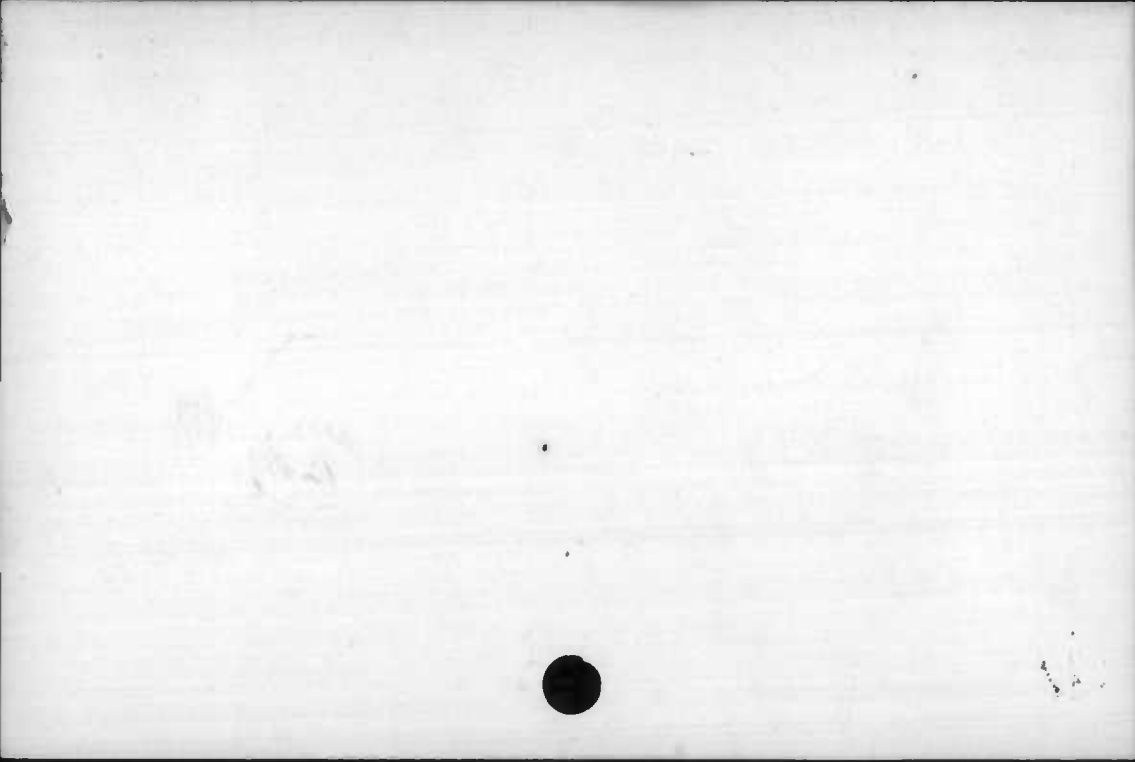
P. P. Felber  
6010 North St  
Annapolis Md

Accident or Suicide?

No

PHYSICIAN  
OR CORONER

1



Name  
in  
Full

Florence E. Wilburn

CERTIFICATE OF DEATH

Died at Milledunes <sup>Town</sup> A-A- <sup>County</sup> **MARYLAND**

Date of death 1909 <sup>Month</sup> Mar. <sup>Day</sup> 16 <sup>Year</sup> 32 <sup>Months</sup> 0 <sup>Days</sup> 0

Sex Female Color or Race White Birth-place A.A.-

Occupation Housewife Where Residing if not at place of death -

Married, Single or Widowed Married Name of Wife or Husband Oliver Wilburn

Father's Name David L. Hegley Father's Birthplace Baile

Mother's Maiden Name Alice Lee Mother's Birthplace -

Name of person giving Information Oliver Wilburn How related to deceased Husband

## CAUSES OF DEATH

Primary Tuberculosis How long 2 yrs.

Immediate Hemorrhage How long -

Are the name, age, sex, color, date and place correctly given above? Yes.

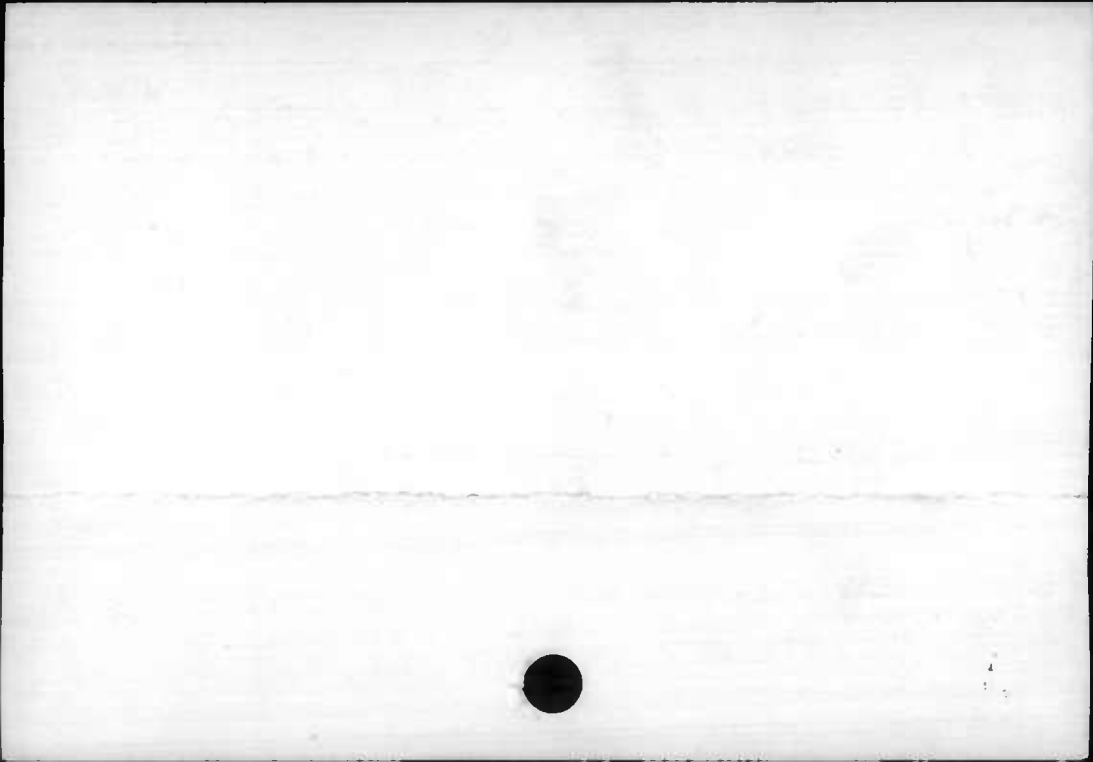
Signature of Physician

Address

H. J. Hunt  
Milledunes

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER  
1





Name  
in  
Full

Lester L. Williams

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>So. Balto</u> <sup>Town</sup>		<u>a. a</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1909</u>	Month <u>March</u>	Day <u>12</u>	Age <u>—</u> Years	Months <u>8</u> Days <u>16</u>
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>So. Balto, Md</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Richard T. Williams</u>			Father's Birthplace <u>A. A. Co. Md</u>		
Mother's Maiden Name <u>Sarah J. Hyenson</u>			Mother's Birthplace <u>A. A. Co. Md</u>		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

Primary

Congestion Lungs

How long

3 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

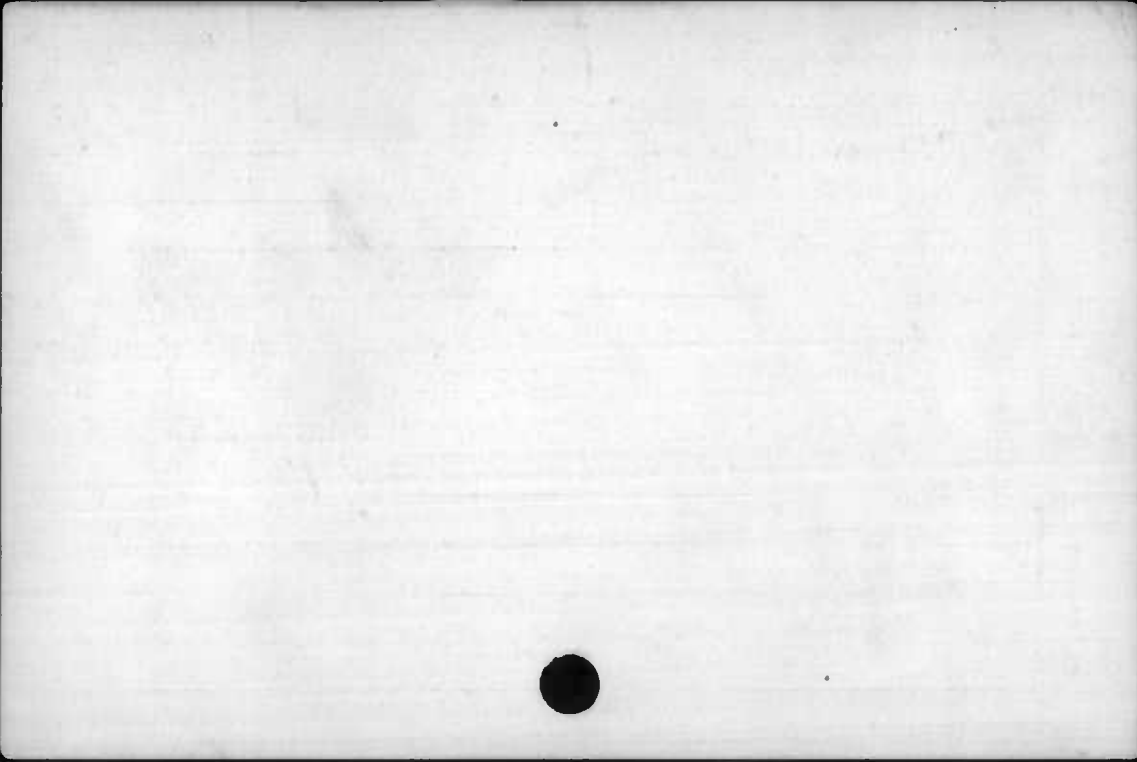
yes

Signature of Physician

Address

Thos. B. Horton, Md  
So. Balto - Md.

Accident or Suicide?



Name,  
in  
Full

Berlina Wilson

## CERTIFICATE OF DEATH

Died at *Willham* Town *Anne Arundel* County *MARYLAND*

Date of death *1909* Month *March* Day *15* Age *6* Years Months Days

Sex *Female* Color or Race *Colored* Birth place *Anne Arundel Md*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

TO BE ANSWERED BY  
NEAREST FRIEND

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name *Robert Wilson* Father's Birthplace *At Co Md*

Mother's Maiden Name *Virginia Norris* Mother's Birthplace *Virginia*

Name of person giving information *Robert Wilson* How related to deceased *Father*

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary *Geo-Colitis* How long *2 months*

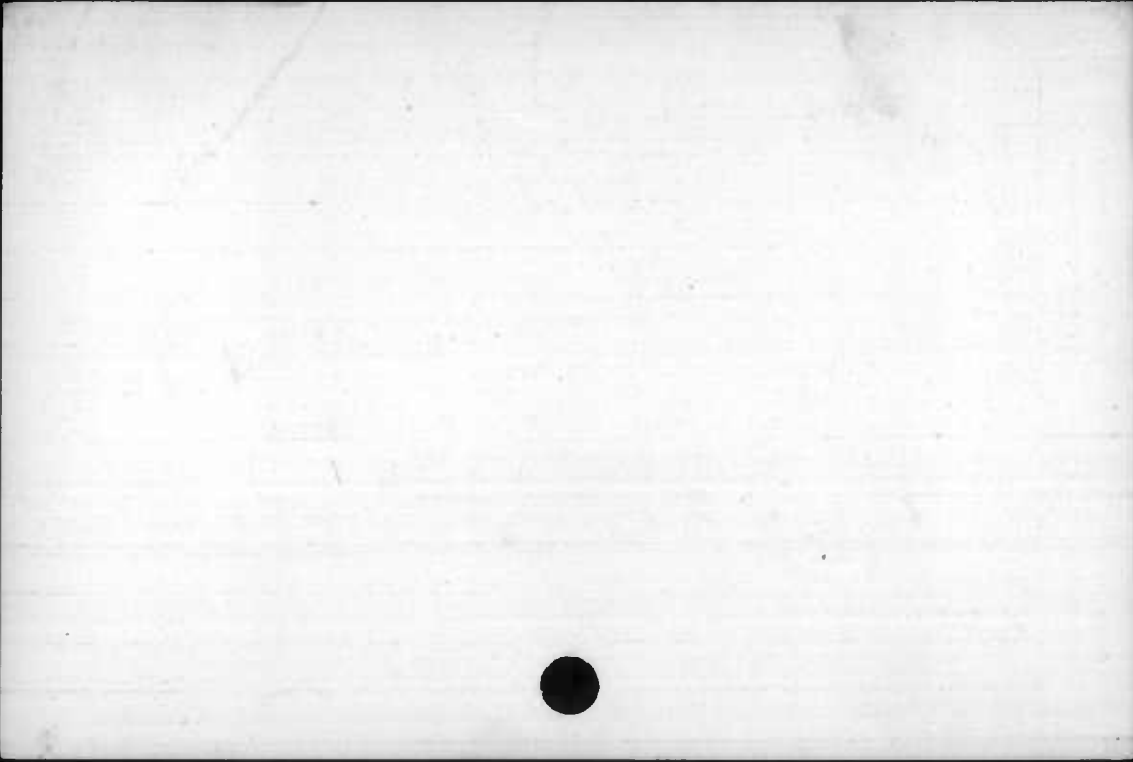
Immediate *Exhaustion* How long *2 weeks*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *C R Winterison*

Address *Hanover Md*

Accident or Suicide? \_\_\_\_\_



Name  
in  
Full

Yanka

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Admiral</u> Town		<u>Anne</u> County		MARYLAND	
Date of death <u>1909</u>	Month <u>3</u>	Day <u>16</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u> Days <u>—</u>
Sex <u>Female</u>		Color or Race <u>W. white</u>		Birth-place <u>Admiral</u>	
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Martin Yanka</u>			Father's Birthplace <u>Germany</u>		
Mother's Maiden Name <u>Agnes Szysla</u>			Mother's Birthplace <u>Germany</u>		
Name of person giving information <u>Martin Yanka</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

8

PHYSICIAN  
OR CORONER

Primary <u>(Still-born) transverse presentation</u>	How long <u>—</u>
Immediate <u>Prolapse of funis &amp; suffocation</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>R. A. Hammond</u>
	Address <u>M. D.</u>
Accident or Suicide? <u>No</u>	

